

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250 SAN RAFAEL CA 94901 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00135681 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 01 2014 through 09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Darrin Lim

Signature of Treasurer Darrin Lim [Electronically Filed] Date 10 17 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE
POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="194399.26"/>	<input type="text" value="194399.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131278.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16288.66"/>	<input type="text" value="139167.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="147566.74"/>	<input type="text" value="333566.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32000.00"/>	<input type="text" value="218000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="115566.74"/>	<input type="text" value="115566.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12327.38	71654.43
(ii) Unitemized	3961.28	65513.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16288.66	137167.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16288.66	137167.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16288.66	139167.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16288.66	139167.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	218000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32000.00	218000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32000.00	218000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16288.66	137167.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16288.66	137167.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. SHOHREH F ABEDI

Mailing Address 515 GREEN MOUNTAIN ST

City	State	Zip Code
SIMI VALLEY	CA	93065

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	SVP KEY ACCT EXEC GLOBAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92026

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. DEBORAH ALDREDGE

Mailing Address 25132 KARIE LANE

City	State	Zip Code
SANTA CLARITA	CA	91350

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	CHIEF ADMINISTRATION OFFI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92028

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. STEVEN K ANDERSEN

Mailing Address 21414 WINDING PATH WAY

City	State	Zip Code
RICHMOND	TX	77406

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	LIFE AND FINANCIAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **543.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92029

Amount of Each Receipt this Period
30.32

SUBTOTAL of Receipts This Page (optional).....▶	90.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. LEEANN G BADGETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 7505 COOPER POINT RD NW
 City OLYMPIA State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation AVP CONTROLLER, US LIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.22

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92035
 Amount of Each Receipt this Period 23.31

B. ANN M BALBIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9290 NW 15 ST
 City PEMBROKE PINES State FL Zip Code 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation DIR FIN OPNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92036
 Amount of Each Receipt this Period 20.00

C. CHARLES A BALEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12313 WILLOW FOREST DRIVE
 City MOORPARK State CA Zip Code 93021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation CHIEF SECURITY OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 688.98

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92037
 Amount of Each Receipt this Period 38.65

SUBTOTAL of Receipts This Page (optional).....▶	81.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. MICHAEL D BIGELOW			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y									
09	/	15	/	2014									
Mailing Address 6269 EGYPT VALLEY AVE NE			Transaction ID : INCA92047										
City ROCKFORD	State MI	Zip Code 49341	Amount of Each Receipt this Period <table border="1"> <tr> <td>66.26</td> </tr> </table>	66.26									
66.26													
FEC ID number of contributing federal political committee. C													
Name of Employer FARMERS GROUP INC	Occupation VP BUSINESS INTEGRATION												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>360.00</td> </tr> </table>			360.00									
360.00													

Full Name (Last, First, Middle Initial) B. SUSAN M BITHELL			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y									
09	/	15	/	2014									
Mailing Address 4249 BELLAIRE AVE.			Transaction ID : INCA92049										
City STUDIO CITY	State CA	Zip Code 91604	Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table>	10.00									
10.00													
FEC ID number of contributing federal political committee. C													
Name of Employer FARMERS GROUP INC	Occupation HEAD OF COMPLIANCE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>205.00</td> </tr> </table>			205.00									
205.00													

Full Name (Last, First, Middle Initial) C. JEFFREY S BOOI			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y									
09	/	15	/	2014									
Mailing Address 2288 W BIPPLEY RD			Transaction ID : INCA92053										
City LAKE ODESSA	State MI	Zip Code 48849	Amount of Each Receipt this Period <table border="1"> <tr> <td>36.26</td> </tr> </table>	36.26									
36.26													
FEC ID number of contributing federal political committee. C													
Name of Employer FARMERS GROUP INC	Occupation PROGRAM MANAGER IV												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>646.32</td> </tr> </table>			646.32									
646.32													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>66.26</td> </tr> </table>	66.26
66.26		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 146
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. STEPHEN J BOSHOVEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5730 FOREST GLEN DR
 City ADA State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation PRESIDENT OF FOREMOST BRA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : INCA92054
 Amount of Each Receipt this Period **50.00**

B. MICHAEL A BOYD
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 LEOPOLD CT.
 City LANDENBURG State PA Zip Code 19350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation HEAD OF BRAND & ADVERTISI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : INCA92055
 Amount of Each Receipt this Period **25.00**

C. JOHN B BRADDOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 LOIRE VALLEY DRIVE
 City SIMI VALLEY State CA Zip Code 93065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation HEAD OF PUBLIC POLICY RES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **789.66**

Date of Receipt **09 / 15 / 2014**
Transaction ID : INCA92057
 Amount of Each Receipt this Period **44.23**

SUBTOTAL of Receipts This Page (optional)..... **119.23**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. TODD A BROOKS

Mailing Address 4613 MIRA DEL SOL

City State Zip Code
 CASTLE ROCK CO 80104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF EXCLUSIVE AGENT D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92058

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. DARRELL M BROWN

Mailing Address 13153 SHADOW WOOD PL

City State Zip Code
 MOORPARK CA 93021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC DISTRIBUTION COMPLIANCE D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 543.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92060

Amount of Each Receipt this Period
 31.02

Full Name (Last, First, Middle Initial)
C. MARTIN R BROWN

Mailing Address 2684 MEADOWRIDGE

City State Zip Code
 BYRON CENTER MI 49315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC VP GENERAL COUNSEL IA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92063

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	106.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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. MARIA D BURDICK		Date of Receipt
Mailing Address 15826 NW ENERGIA STREET		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
PORTLAND	OR	97229
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92070
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	REGULATORY AFFAIRS SENIOR	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) B. DOUGLAS R BURTCH		Date of Receipt
Mailing Address 5905 NW 97TH DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
PARKLAND	FL	33076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92072
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	VP EXECUTIVE DIRECTOR IA	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="720.00"/>	

Full Name (Last, First, Middle Initial) C. TERENCE P CAHILL		Date of Receipt
Mailing Address 102 LONE ACRE RD		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92075
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	COMMUNICATIONS DIRECTOR,	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. SAMMY K CARLETON		Date of Receipt MM / DD / YYYY 09 / 15 / 2014
Mailing Address 8919 BIRCHWOOD LANE		Transaction ID : INCA92078
City BLOOMINGTON	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer FARMERS GROUP INC	Occupation HEAD OF TERRITORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. MARK C CAWLEY		Date of Receipt MM / DD / YYYY 09 / 15 / 2014
Mailing Address 2 ACADEMY LANE		Transaction ID : INCA92081
City WAYNE	State PA	Zip Code 19087
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 27.94	
Name of Employer FARMERS GROUP INC	Occupation SR CORPORATE COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.50	

Full Name (Last, First, Middle Initial) C. ROBERT L COMPAN		Date of Receipt MM / DD / YYYY 09 / 15 / 2014
Mailing Address 8613 COPPER FALLS AVE		Transaction ID : INCA92090
City LAS VEGAS	State NV	Zip Code 89129
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 26.00	
Name of Employer FARMERS GROUP INC	Occupation MANAGER II-GOVERNMENT AND	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	78.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. RANDALL L COOPER			Date of Receipt
Mailing Address 6825 PINEHURST AVE SE			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92091
SNOQUALMIE	WA	98065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.77"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF LIFE FIELD OPERAT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="687.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. TERRI S COVERT			Date of Receipt
Mailing Address 21201 KITTRIDGE STREET UNIT 9308			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92093
WOODLAND HILLS	CA	91303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HR BUSINESS PARTNER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. GREGORY A DAHINDEN			Date of Receipt
Mailing Address 20600 SW KAWANDA CT			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92098
TUALATIN	OR	97062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="23.20"/>
Name of Employer	Occupation		
FARMERS GROUP INC	DISTRIBUTION COMPLIANCE D		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="413.58"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.97"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 146
<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. KEITH G DALY			Date of Receipt 09 / 15 / 2014
Mailing Address 2516 THREE SPRINGS DR.			Transaction ID : INCA92099
City WESTLAKE VILLAGE	State CA	Zip Code 91361	Amount of Each Receipt this Period 2500
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation CHIEF CLAIMS OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) B. KIM DECKER			Date of Receipt 09 / 15 / 2014
Mailing Address 11904 BLUE WAY AVE			Transaction ID : INCA92103
City OKLAHOMA CITY	State OK	Zip Code 73162	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS GROUP INC	Occupation DIRECTOR GOVERNMENT AFFAI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. ANTHONY J DESANTIS			Date of Receipt 09 / 15 / 2014
Mailing Address 813 OWLS NEST RD			Transaction ID : INCA92106
City CENTERVILLE	State DE	Zip Code 19807	Amount of Each Receipt this Period 120.83
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS GROUP INC	Occupation PRESIDENT OF PERSONAL LIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2174.94		

SUBTOTAL of Receipts This Page (optional).....	195.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 146
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. DIANE DROUBAY		Date of Receipt
Mailing Address 7504 191ST ST SW		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
LYNNWOOD	WA	98036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92114
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	PROGRAM MANAGER II	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) B. AMY J DUKES		Date of Receipt
Mailing Address 13705 BOND ST		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
OVERLAND PARK	KS	66221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92115
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	HO COMPLIANCE DIRECTOR	<input type="text" value="21.22"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="377.10"/>	

Full Name (Last, First, Middle Initial) C. DAN C DUNMOYER		Date of Receipt
Mailing Address 4230 GUILDFORD COURT		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SACRAMENTO	CA	95864
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92116
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	SVP HEAD OF GOVERNMENT AN	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. MARK DYVINIAK			Date of Receipt
Mailing Address 204 N. HENTON AVE			M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014
City	State	Zip Code	Transaction ID : INCA92118
COVINA	CA	91724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation		
FARMERS GROUP INC	AVP PRINT & DOCUMENT MANA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	360.00		

Full Name (Last, First, Middle Initial) B. DWIGHT W EASTON			Date of Receipt
Mailing Address 6645 LINDA-VISTA BL			M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014
City	State	Zip Code	Transaction ID : INCA92119
MISSOULA	MT	59803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer	Occupation		
FARMERS GROUP INC	MANAGER II-GOVERNMENT AND		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	375.54		

Full Name (Last, First, Middle Initial) C. ALLEN J ENGEL			Date of Receipt
Mailing Address 14909 WALMER ST			M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014
City	State	Zip Code	Transaction ID : INCA92122
OVERLAND PARK	KS	66223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation		
FARMERS GROUP INC	SR MGR AUDIT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	360.00		

SUBTOTAL of Receipts This Page (optional).....▶	61.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. PATRICIA M EVANS		Date of Receipt
Mailing Address 1641 VISTA DRIVE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
GLENDALE	CA	91201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA92123
Name of Employer FARMERS GROUP INC		Amount of Each Receipt this Period
Occupation VP CONT HEAD PLNG AND BUD		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARK G FALLIS		Date of Receipt
Mailing Address 3209 WELLS DRIVE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLANO	TX	75093
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA92124
Name of Employer FARMERS GROUP INC		Amount of Each Receipt this Period
Occupation TERRITORY TRAINING MANAGE		<input type="text" value="24.59"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="438.30"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. TIMOTHY E FELKS		Date of Receipt
Mailing Address 357 CHERRY HILLS COURT		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWBURY PARK	CA	91320
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA92126
Name of Employer FARMERS INSURANCE EXCHANGE		Amount of Each Receipt this Period
Occupation HEAD OF PROPERTY CLAIMS		<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="79.59"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial)
A. JOHN R FELTON

Mailing Address **2804 BRECKENRIDGE CIR**

City **AURORA** State **IL** Zip Code **60504**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS INSURANCE EXCHANGE** Occupation **HIGH EXPOSURE ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92127

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. SHARON R FERNANDEZ

Mailing Address **10530 PEMBRIAR CIRCLE**

City **SAN ANTONIO** State **TX** Zip Code **78240**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS GROUP INC** Occupation **HEAD OF SERVICE OPERATION**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1026.90**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92128

Amount of Each Receipt this Period
57.97

Full Name (Last, First, Middle Initial)
C. BRIAN J FITZPATRICK

Mailing Address **776 LARCHMONT ST**

City **SIMI VALLEY** State **CA** Zip Code **93065**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS GROUP INC** Occupation **HEAD OF LIFE FIELD OPERAT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92133

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ► **122.97**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial)
A. PAUL F FOLEY

Mailing Address 760 SW 17TH ST

City BOCA RATON State FL Zip Code 33486

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF FINANCE - BRISTOL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92134

Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
B. WILLIAM FOURNELL

Mailing Address 594 27TH STREET

City MANHATTAN BEACH State CA Zip Code 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF AGENCY MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92135

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. JOHN T FRAGER

Mailing Address 6944 WOODROW WILSON DR

City LOS ANGELES State CA Zip Code 90068

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation DIRECTOR MEDIA & PUBLIC R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92136

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ► **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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Full Name (Last, First, Middle Initial) A. HEATHER M FREELIN		Date of Receipt
Mailing Address 1504 CHESTNUT AVE.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
MANHATTAN BEACH	CA	90266
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92138
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	CORPORATE LITIGATION SUPE	<input type="text" value="38.13"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="686.34"/>	

Full Name (Last, First, Middle Initial) B. ERIN FREEMAN		Date of Receipt
Mailing Address 32 NARBONNE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAGUNA NIGUEL	CA	92677
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92139
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	CHIEF COMMUNICATIONS OFF	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) C. GREG L GAGARINAS		Date of Receipt
Mailing Address 9208 N 83RD ST		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SCOTTSDALE	AZ	85258
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92141
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	ZURICH/FARMERS PROCUREMENT	<input type="text" value="56.63"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1011.06"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="119.76"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. FRANK V GALITSKI		Date of Receipt
Mailing Address 11700 RED OAK VALLEY LANE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
AUSTIN	TX	78732
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92143
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	DIRECTOR GOVERNMENT AFFAI	<input type="text" value="24.19"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="431.34"/>	

Full Name (Last, First, Middle Initial) B. MATTHEW GANNON		Date of Receipt
Mailing Address 3713 RIVERWOOD RD.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
ALEXANDRIA	VA	22309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92146
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	HEAD OF FEDERAL AFFAIRS	<input type="text" value="40.57"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="724.32"/>	

Full Name (Last, First, Middle Initial) C. DANIEL L GARDNER		Date of Receipt
Mailing Address 23913 MOBILE ST		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WEST HILLS	CA	91307
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92147
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	AVP CORPORATE LITIGITATIO	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="89.76"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. MICHAEL P GILMARTIN			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y									
09	/	15	/	2014									
Mailing Address 1035 OTTAWA DR			Transaction ID : INCA92148										
City CLAREMONT	State CA	Zip Code 91711	Amount of Each Receipt this Period <table border="1"> <tr> <td>17.67</td> </tr> </table>	17.67									
17.67													
FEC ID number of contributing federal political committee. C													
Name of Employer FARMERS GROUP INC	Occupation MARKETING CONS I												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>316.02</td> </tr> </table>	316.02											
316.02													

Full Name (Last, First, Middle Initial) B. DENISE K GRUBB			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y									
09	/	15	/	2014									
Mailing Address 6653 OLD DARBY TRAIL NE			Transaction ID : INCA92156										
City ADA	State MI	Zip Code 49301	Amount of Each Receipt this Period <table border="1"> <tr> <td>43.77</td> </tr> </table>	43.77									
43.77													
FEC ID number of contributing federal political committee. C													
Name of Employer FARMERS GROUP INC	Occupation VP SERVICE OPERATIONS SUP												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>568.57</td> </tr> </table>	568.57											
568.57													

Full Name (Last, First, Middle Initial) C. RACHEL L GUINN			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y									
09	/	15	/	2014									
Mailing Address 4300 MODDISON AVE			Transaction ID : INCA92157										
City SACRAMENTO	State CA	Zip Code 95819	Amount of Each Receipt this Period <table border="1"> <tr> <td>25.65</td> </tr> </table>	25.65									
25.65													
FEC ID number of contributing federal political committee. C													
Name of Employer FARMERS GROUP INC	Occupation DIRECTOR OF MARKETING												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>421.22</td> </tr> </table>	421.22											
421.22													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>87.09</td> </tr> </table>	87.09
87.09		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. ILENE B HABER		Date of Receipt										
Mailing Address 5501 NEWCASTLE AVE APT 311		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
City	State	Zip Code										
ENCINO	CA	91316										
FEC ID number of contributing federal political committee.		Transaction ID : INCA92158										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		38.63										
Name of Employer	Occupation											
FARMERS INSURANCE EXCHANGE	HEAD OF UNIVERSITY OF FAR											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	651.06											

Full Name (Last, First, Middle Initial) B. CARL HACKLING		Date of Receipt										
Mailing Address 3830 RIDGE POINT DR		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
City	State	Zip Code										
SUWANEE	GA	30024										
FEC ID number of contributing federal political committee.		Transaction ID : INCA92159										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
FARMERS GROUP INC	HEAD OF EXCLUSIVE AGENT D											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.00											

Full Name (Last, First, Middle Initial) C. ANASTASIA L HAGGIN		Date of Receipt										
Mailing Address 2529 CHATEAU CLERMONT		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
City	State	Zip Code										
HENDERSON	NV	89044										
FEC ID number of contributing federal political committee.		Transaction ID : INCA92160										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		12.50										
Name of Employer	Occupation											
FARMERS GROUP INC	AGENCY DEVELOPMENT MANAGE											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	225.00											

SUBTOTAL of Receipts This Page (optional).....▶	76.13
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. CHRISTOPHER J HAMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 13873 SWIFT RUN ST
 City MOORPARK State CA Zip Code 93021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation PL PRODUCT MANAGER SENIOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92164
 Amount of Each Receipt this Period
 15.00

B. OCTAVIA A HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3040 FALCONHILL DR
 City APOPKA State FL Zip Code 32712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS INSURANCE EXCHANGE Occupation SUPV FLD CLAIMS LIABILITY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92167
 Amount of Each Receipt this Period
 14.07

C. KATHLEEN D HARTLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 GREENWICH RD
 City GLENDALE State CA Zip Code 91206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation PROJECT MANAGER IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 347.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92168
 Amount of Each Receipt this Period
 19.47

SUBTOTAL of Receipts This Page (optional).....▶	48.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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Full Name (Last, First, Middle Initial)
A. KERRY L HAYDEN

Mailing Address **7663 S ASH AVENUE**

City **TEMPE** State **AZ** Zip Code **85284**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS GROUP INC** Occupation **MANAGER II-GOVERNMENT AND**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.32**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92172

Amount of Each Receipt this Period
19.20

Full Name (Last, First, Middle Initial)
B. JANET L HAYES

Mailing Address **14401 NORWOOD ST.**

City **LEAWOOD** State **KS** Zip Code **66224**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS INSURANCE EXCHANGE** Occupation **HEAD OF AUTO ZONE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92173

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. BARRY B HELTON

Mailing Address **5600 OVERTON DR**

City **PARKER** State **TX** Zip Code **75002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS INSURANCE EXCHANGE** Occupation **FIELD CLAIMS MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92176

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	54.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. JOHN A HENLE		Date of Receipt
Mailing Address 1719 271ST AVENUE SE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAMMAMISH	WA	98075
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92177
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	HEAD OF LIFE DISTRIBUTION	<input type="text" value="44.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="797.46"/>	

Full Name (Last, First, Middle Initial) B. DARYN J HENRY		Date of Receipt
Mailing Address 11235 S LEWIS DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLATHE	KS	66061
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92178
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	VP SERVICE OPERATIONS	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) C. TERRY S HENSCHER		Date of Receipt
Mailing Address 5628 FAUST AVENUE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WOODLAND HILLS	CA	91367
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92179
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	DIR SR, REGULATORY AFFAIR	<input type="text" value="32.24"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="573.30"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="91.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. MICHAEL R HESTER			Date of Receipt
Mailing Address 600 ALDON RD			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92181
CLAYMONT	DE	19703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.97"/>
Name of Employer	Occupation		
FARMERS GROUP INC	SYSTEMS ADMINISTRATOR SR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="338.16"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. NATHAN J HILDNER			Date of Receipt
Mailing Address 1286 CORNET ST.			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92183
HENDERSON	NV	89052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="17.94"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF TERRITORY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="318.78"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. RODNEY HOLLENBECK			Date of Receipt
Mailing Address 15829 S E 47TH PLACE			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92186
BELLEVUE	WA	98006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
FARMERS INSURANCE EXCHANGE	MANAGING ATTORNEY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="61.91"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. CAROL L HUTCHINSON			Date of Receipt
Mailing Address 2573 CADES COVE			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92191
BRIGHTON	MI	48114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	MANAGER II-GOVERNMENT AND		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JULIE L HUYSER			Date of Receipt
Mailing Address 7921 SERENITY DR			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92192
MIDDLEVILLE	MI	49333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="23.29"/>
Name of Employer	Occupation		
FARMERS GROUP INC	PL PRODUCT DEV MGR-HO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="415.14"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. TREVOR D IRISH			Date of Receipt
Mailing Address 7603 GEORGES RD			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92195
FORT PIERCE	FL	34951	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="14.67"/>
Name of Employer	Occupation		
FARMERS INSURANCE EXCHANGE	FIELD CLAIMS SUPERVISOR -		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.64"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.96"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. ADAMA L IWU		Date of Receipt
Mailing Address 5635 AYALA WAY		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SACRAMENTO	CA	95835
FEC ID number of contributing federal political committee.		Transaction ID : INCA92196
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="18.58"/>
Name of Employer	Occupation	
FARMERS GROUP INC	MANAGER II-GOVERNMENT AND	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="331.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PAUL J JACKSON		Date of Receipt
Mailing Address 10365 MARTINGALE DR.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
BOISE	ID	83709
FEC ID number of contributing federal political committee.		Transaction ID : INCA92198
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="17.50"/>
Name of Employer	Occupation	
FARMERS GROUP INC	MANAGER I - GOVERN AND IN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="290.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GERALD J JANDA		Date of Receipt
Mailing Address 1547 GUADALAJARA DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN JOSE	CA	95120
FEC ID number of contributing federal political committee.		Transaction ID : INCA92199
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.72"/>
Name of Employer	Occupation	
FARMERS INSURANCE EXCHANGE	CLAIMS SPEC REP PROP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="281.10"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="51.80"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. WILLIAM K JOHANNESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18740 WILLOWTREE LANE
 City NORTHRIDGE State CA Zip Code 91326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation VP PROPERTY & CASUALTY LE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92201
 Amount of Each Receipt this Period 50.00

B. DEXTER F JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 N ROSSMORE AVE # 505
 City LOS ANGELES State CA Zip Code 90004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation AVP PRODUCT PRESENTATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92202
 Amount of Each Receipt this Period 20.00

C. KIMBERLEE JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 851 GRADA AVENUE
 City CAMARILLO State CA Zip Code 93010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation ACCOUNT EXECUTIVE IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92203
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. ROHINTON KATRAK

Mailing Address **7320 HILLSVIEW COURT**

City **WEST HILLS** State **CA** Zip Code **91307**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS GROUP INC** Occupation **HEAD OF FIELD OPERATIONS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92207

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. ROBERT G KAY

Mailing Address **2756 WEATHERSTONE DRIVE**

City **ELLCOTT CITY** State **MD** Zip Code **21042**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS GROUP INC** Occupation **DIRECTOR EXPANSION ZONE S**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92208

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. DEBRA D KELLOGG

Mailing Address **7420 MCCOY ST.**

City **SHAWNEE** State **KS** Zip Code **66227**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FARMERS GROUP INC** Occupation **COMPLIANCE COORDINATOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **362.58**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92209

Amount of Each Receipt this Period
20.42

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.42**

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

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

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

FOR LINE NUMBER: PAGE 32 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. EDWARD J KELLY

Mailing Address 1127 CARDINAL DR

City State Zip Code
 WEST CHESTER PA 19382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF NORTH AMERICAN NE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92210

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. RYAN J KELLY

Mailing Address 137 LINK CT

City State Zip Code
 NEWBERG OR 97132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE CLAIMS SPEC REP LIABILITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92211

Amount of Each Receipt this Period
 14.47

Full Name (Last, First, Middle Initial)
C. SHANNON L KELLY

Mailing Address 4127 PALISADES ROAD

City State Zip Code
 SAN DIEGO CA 92116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF PRODUCT MGMT-21ST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92212

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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Full Name (Last, First, Middle Initial) A. GRETCHEN L KEPHART		Date of Receipt
Mailing Address 13117 GODDARD AVENUE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
OVERLAND PARK	KS	66213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92213
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	SERVICE OPERATIONS DIRECT	<input type="text" value="280.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. BRYCE W KERR		Date of Receipt
Mailing Address 6303 OWENSMOUTH BLVD 11TH FLOOR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WOODLAND HILLS	CA	91367
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92214
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	MARKETING CONS II	<input type="text" value="27.84"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="493.14"/>	

Full Name (Last, First, Middle Initial) C. JAMES KILLIAN		Date of Receipt
Mailing Address 3607 CURTIS DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
ROUND ROCK	TX	78681
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92216
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	PL PRODUCT MGR ASST-HO	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="67.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. JULIA K KROUSE		Date of Receipt
Mailing Address 5745 NEWBANK CIR #306		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
DUBLIN	OH	43017
FEC ID number of contributing federal political committee.		Transaction ID : INCA92226
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	HEAD OF TERRITORY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="475.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOEL D KUNI		Date of Receipt
Mailing Address 6930 FAIRWAY AVENUE SE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SNOQUALMIE	WA	98065
FEC ID number of contributing federal political committee.		Transaction ID : INCA92230
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.41"/>
Name of Employer	Occupation	
FARMERS GROUP INC	ACTUARY FSA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="735.06"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MARTIN LEITNER		Date of Receipt
Mailing Address 1252 N MAR VISTA AVE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
PASADENA	CA	91104
FEC ID number of contributing federal political committee.		Transaction ID : INCA92235
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.01"/>
Name of Employer	Occupation	
FARMERS GROUP INC	VP ACCOUNT EXEC III	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="748.86"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="108.42"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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Full Name (Last, First, Middle Initial) A. MICHELE I LEWIS		Date of Receipt
Mailing Address 4047 MAURICE DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWBURY PARK	CA	91320
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92238
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS INSURANCE EXCHANGE	PROFESSIONAL DEV LEADERSH	<input type="text" value="30.25"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="534.24"/>	

Full Name (Last, First, Middle Initial) B. JOHN S LINDEMANN		Date of Receipt
Mailing Address 22435 SKYLAKE PLACE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SANTA CLARITA	CA	91390
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92239
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	MARKETING CONS SR	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) C. SCOTT R LINDQUIST		Date of Receipt
Mailing Address 2797 RAINFIELD AVENUE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WESTLAKE VILLAGE	CA	91362
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92240
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	EVP AND CHIEF FIN OFFICER	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.25"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. HUGH A LINSTROM		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 10948 AYRES AVENUE		Transaction ID : INCA92241										
City LOS ANGELES	State CA	Zip Code 90064										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.41										
Name of Employer FARMERS GROUP INC	Occupation AVP CORPORATE COUNSEL											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.56											

Full Name (Last, First, Middle Initial) B. MICHAEL LINTON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 45 FREDRICK AVENUE		Transaction ID : INCA92242										
City ATHERTON	State CA	Zip Code 94027										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer FARMERS GROUP INC	Occupation CHIEF MARKETING OFFICER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00											

Full Name (Last, First, Middle Initial) C. CHARLES J LOMBARDI		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 3234 FREEMAN ST		Transaction ID : INCA92243										
City SAN DIEGO	State CA	Zip Code 92106										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00										
Name of Employer FARMERS GROUP INC	Occupation COMMERCIAL WHOLESALER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.90											

SUBTOTAL of Receipts This Page (optional).....▶	58.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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

A. CHRIS LONGEWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1283 W DEERPATH RD
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation DEPUTY HEAD OF PUBLIC POL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92244
 Amount of Each Receipt this Period
 25.00

B. JEFFREY L LOSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3807 ABBEY COURT
 City NEWBURY PARK State CA Zip Code 91320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS INSURANCE EXCHANGE Occupation HEAD OF CLAIMS PROFESSION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92246
 Amount of Each Receipt this Period
 15.00

C. ELAINE M LOVE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5390 BARRINGTON WAY
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation MANAGER II-GOVERNMENT AND
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 357.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92248
 Amount of Each Receipt this Period
 20.03

SUBTOTAL of Receipts This Page (optional).....▶	60.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. MICHELE L LYONS

Mailing Address 5073 TOPANGA CANYON BLVD

City	State	Zip Code
WOODLAND HILLS	CA	91364

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS INSURANCE EXCHANGE	HEAD OF WORKERS' COMP & M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92251

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. TIMOTHY M MADDEN

Mailing Address 3322 SOUTH SHAMROCK RD

City	State	Zip Code
TAMPA	FL	33629

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	PRESIDENT BRISTOL WEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92252

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. GEORGE J MANDAS

Mailing Address 704 RED OAK DR

City	State	Zip Code
BARTLETT	IL	60103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	COMMERCIAL WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92255

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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. MICHAEL K MCKENNA		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 4202 MISTY HOLLOW CT		Transaction ID : INCA92259										
City MOORPARK	State CA	Zip Code 93021										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.00											
Name of Employer FARMERS GROUP INC	Occupation VP INTERNAL AUDITING											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00											

Full Name (Last, First, Middle Initial) B. SCOTT M MILLWARD		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 3129 BUCKINGHAM RD		Transaction ID : INCA92271										
City GLENDALE	State CA	Zip Code 91206										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00											
Name of Employer FARMERS GROUP INC	Occupation CHIEF TALENT DEVELOPMENT											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											

Full Name (Last, First, Middle Initial) C. JEFFREY MIZER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 5951 PEPPERRIDGE CT		Transaction ID : INCA92272										
City MAINEVILLE	State OH	Zip Code 45039										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 22.01											
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation FIELD CLAIMS MANAGER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.34											

SUBTOTAL of Receipts This Page (optional).....▶	84.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. MEGHJIT MOOKERJEE		Date of Receipt
Mailing Address 33 SHENANDOAH DRIVE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWARK	DE	19711
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92275
FARMERS GROUP INC	PROGRAM MANAGER II	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="234.12"/>	<input type="text" value="13.07"/>

Full Name (Last, First, Middle Initial) B. PHILIP M MOORE		Date of Receipt
Mailing Address 1535 GAYWOOD DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
ALTADENA	CA	91001
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92276
FARMERS GROUP INC	VP FGI PRES OF PREMATIC	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="864.54"/>	<input type="text" value="48.03"/>

Full Name (Last, First, Middle Initial) C. PENNY L MROZ		Date of Receipt
Mailing Address 2610 GLENCAIRIN DR NW		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
GRAND RAPIDS	MI	49504
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92281
FARMERS GROUP INC	AVP PRODUCT DEVELOPMENT S	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	<input type="text" value="15.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.10"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. JOHN J MUELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4044 CANYON GLEN CIRCLE
 City AUSTIN State TX Zip Code 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation HEAD OF SERVICE DELIVERY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.84

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92282
 Amount of Each Receipt this Period 32.51

B. JOHN C MUETING
 Full Name (Last, First, Middle Initial)
 Mailing Address 5528 OAK GROVE CIRCLE
 City LONG GROVE State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation PRES FARMERS FIN SOLUTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92283
 Amount of Each Receipt this Period 25.00

C. LEO E MULDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2054 S CHESANING DR SE
 City GRAND RAPIDS State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation AVP PRODUCT MGMT SPECIALT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92284
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶	77.51
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. NATASA MUNK

Mailing Address 29180 HIDDEN VALLEY DR

City State Zip Code
 ORANGE VILLAGE OH 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC NA HEAD OF DESKTOP SRVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92286

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. BRYAN F MURPHY

Mailing Address 5531 LITTLE FAWN CT

City State Zip Code
 WESTLAKE CA 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC PRESIDENT BUSINESS INSURA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92287

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. PETER M MURRAY

Mailing Address 941 GREENWOOD STREET

City State Zip Code
 MIDDLEVILLE MI 49333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC ZONE FACILITIES MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 374.00

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92289

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 146
(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

A. JOSEPH M MUSASHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12608 WEST 101ST AVE
 City ST JOHN State IN Zip Code 46373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation FIELD SR. AGENCY PORTFOLI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92290
 Amount of Each Receipt this Period
 15.00

B. BONNIE J MUSTARDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8305 EDGEMOOR PLACE
 City AUSTIN State TX Zip Code 78749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS INSURANCE EXCHANGE Occupation CLAIMS COMPLIANCE SPECIAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92291
 Amount of Each Receipt this Period
 12.50

C. ELIZABETH M NEALON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 RED OAKES CT
 City HIGHLANDS RANCH State CO Zip Code 80126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation HEAD OF TERRITORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92292
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.50
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. LARRY J NORVILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 W TRAVIS STREET
 City HOLLAND State TX Zip Code 76534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation VP, SPECIALTY LINES MARKE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 752.50

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92297
 Amount of Each Receipt this Period 41.25

B. JAMES NUTTING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1428 COLINA DRIVE
 City GLENDALE State CA Zip Code 91208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation SVP AND CHIEF ACTUARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 813.78

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92298
 Amount of Each Receipt this Period 45.65

C. JOHN L OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 28108 EAGLES CREST CT
 City SANTA CLARITA State CA Zip Code 91351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation SUPPORT OPERATIONS DIRECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 15 / 2014
Transaction ID : INCA92302
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional).....▶ 116.90
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 146
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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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. CRAIG A ORRAJ		Date of Receipt
Mailing Address 2762 HILARY COURT		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
THOUSAND OAKS	CA	91362
FEC ID number of contributing federal political committee.		Transaction ID : INCA92306
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
FARMERS INSURANCE EXCHANGE	HEAD OF BUSINESS INSURANC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KRIS U PACEY		Date of Receipt
Mailing Address 1804 HARVEST DANCE DR.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
LEANDER	TX	78641
FEC ID number of contributing federal political committee.		Transaction ID : INCA92311
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	HEAD OF LIFE FIELD OPERAT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GARRETT B PADDOR		Date of Receipt
Mailing Address 7825 SE 73RD PLACE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
MERCER ISLAND	WA	98040
FEC ID number of contributing federal political committee.		Transaction ID : INCA92312
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	VP GENERAL COUNSEL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. MICHAEL A PAIVA

Mailing Address 1148 FREMONT WAY

City	State	Zip Code
SACRAMENTO	CA	95818

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	DIRECTOR GOVERNMENT & IND

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92313

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. KIRK A PARKER

Mailing Address 16847 HALSEY ST

City	State	Zip Code
GRANADA HILLS	CA	91344

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	HEAD OF TERRITORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92315

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. JEFFREY L PEPPER

Mailing Address 1674 SLATER

City	State	Zip Code
DORR	MI	49323

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	HEAD OF FOREMOST FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **607.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : INCA92317

Amount of Each Receipt this Period
37.92

SUBTOTAL of Receipts This Page (optional).....▶	77.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. MICHAEL J PESSETTI			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014														
M M M	/	D D D	/	Y Y Y Y Y																							
09		15		2014																							
Mailing Address 2910 WOODRUFF RD			Transaction ID : INCA92318																								
City HASTINGS	State MI	Zip Code 49058	Amount of Each Receipt this Period <table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>39.55</td> </tr> </table>	8	7	6	5	4	3	2	1	0	.	0	0												39.55
8	7	6	5	4	3	2	1	0	.	0	0																
											39.55																
FEC ID number of contributing federal political committee. C																											
Name of Employer FARMERS GROUP INC	Occupation VP INNOVATION & BUSINESS																										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>705.00</td> </tr> </table>			8	7	6	5	4	3	2	1	0	.	0	0												705.00
8	7	6	5	4	3	2	1	0	.	0	0																
											705.00																

Full Name (Last, First, Middle Initial) B. ERIC L PETERSEN			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014														
M M M	/	D D D	/	Y Y Y Y Y																							
09		15		2014																							
Mailing Address 19326 SPENCER ST.			Transaction ID : INCA92319																								
City ELKHORN	State NE	Zip Code 68022	Amount of Each Receipt this Period <table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>20.00</td> </tr> </table>	8	7	6	5	4	3	2	1	0	.	0	0												20.00
8	7	6	5	4	3	2	1	0	.	0	0																
											20.00																
FEC ID number of contributing federal political committee. C																											
Name of Employer FARMERS GROUP INC	Occupation TERRITORY HEAD OF SALES A																										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>360.00</td> </tr> </table>			8	7	6	5	4	3	2	1	0	.	0	0												360.00
8	7	6	5	4	3	2	1	0	.	0	0																
											360.00																

Full Name (Last, First, Middle Initial) C. PAUL A PETERSON			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014														
M M M	/	D D D	/	Y Y Y Y Y																							
09		15		2014																							
Mailing Address 7939 W VILLA LINDO			Transaction ID : INCA92320																								
City PEORIA	State AZ	Zip Code 85383	Amount of Each Receipt this Period <table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>25.00</td> </tr> </table>	8	7	6	5	4	3	2	1	0	.	0	0												25.00
8	7	6	5	4	3	2	1	0	.	0	0																
											25.00																
FEC ID number of contributing federal political committee. C																											
Name of Employer FARMERS GROUP INC	Occupation DIR MARKETING																										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>450.00</td> </tr> </table>			8	7	6	5	4	3	2	1	0	.	0	0												450.00
8	7	6	5	4	3	2	1	0	.	0	0																
											450.00																

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>5</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>84.55</td> </tr> </table>	8	7	6	5	4	3	2	1	0	.	0	5												84.55
8	7	6	5	4	3	2	1	0	.	0	5														
											84.55														
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>.</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	8	7	6	5	4	3	2	1	0	.	0	0												
8	7	6	5	4	3	2	1	0	.	0	0														

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. GLENN A PFEIL		Date of Receipt
Mailing Address 521 BRIDLE DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19810
FEC ID number of contributing federal political committee.		Transaction ID : INCA92321
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="65.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	CFO & PRESIDENT 21ST CENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1170.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MICHAEL W PICKETT		Date of Receipt
Mailing Address 8105 W 130TH STREET		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
OVERLAND PARK	KS	66213
FEC ID number of contributing federal political committee.		Transaction ID : INCA92322
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.11"/>
Name of Employer	Occupation	
FARMERS GROUP INC	AREA SALES MANAGER II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="536.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MAURA C POPP		Date of Receipt
Mailing Address 332 MERION AVE.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
HADDONFIELD	NJ	08033
FEC ID number of contributing federal political committee.		Transaction ID : INCA92324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	AVP, DEPUTY GENERAL COUNS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.11"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. LARRY M PRATT		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 20871 SE VISTA DEL LAGO CT		Transaction ID : INCA92327										
City OREGON CITY	State OR	Zip Code 97045										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF TERRITORY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00											

Full Name (Last, First, Middle Initial) B. DONALD W PROCOPIO		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 514 MONTANA AVE.		Transaction ID : INCA92329										
City ALDAN	State PA	Zip Code 19018										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF PRICING ACTUARY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00											

Full Name (Last, First, Middle Initial) C. JOSHUA M PUTNAM		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 320 3RD AVE SW		Transaction ID : INCA92332										
City PACIFIC	State WA	Zip Code 98047										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.04										
Name of Employer FARMERS GROUP INC	Occupation LIFE MARKETING MGR											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.10											

SUBTOTAL of Receipts This Page (optional).....▶	75.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. JOHN C PYLE

Mailing Address 12 JOHN DR

City State Zip Code
 SEWELL NJ 08080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC DIR OF P&C ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 549.96

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92333

Amount of Each Receipt this Period
 30.83

Full Name (Last, First, Middle Initial)
B. PAUL T QUINN

Mailing Address 150 FORRESTER CIRCLE

City State Zip Code
 SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE HEAD OF CLAIMS CUSTOMER E

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 754.26

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92334

Amount of Each Receipt this Period
 42.18

Full Name (Last, First, Middle Initial)
C. JOHN RAPETTI

Mailing Address 2311 CRAIG DRIVE

City State Zip Code
 HAINESPORT NJ 08036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC DIR PRODUCT MANAGEMENT-HO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 468.36

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92336

Amount of Each Receipt this Period
 26.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.37

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

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

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

FOR LINE NUMBER: PAGE 51 OF 146
(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 (Last, First, Middle Initial)
A. JEFFRY REINIG

Mailing Address 2738 KNIGHTSBRIDGE AVE

City State Zip Code
 THOUSAND OAKS CA 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF UNDERWRITING - FA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92337

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. J A RESER

Mailing Address 587 RUSTIC HILLS DR

City State Zip Code
 SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF AGENCY MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92339

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. JOSEPH RICHARDSON

Mailing Address 4968 ASTOR COURT

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF FIELD OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : INCA92342

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. KAREN A RICKETTS		Date of Receipt
Mailing Address 50 GLENVIEW DR. SE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
GRAND RAPIDS TOWNS	MI	49506
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92343
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	ZONE EXECUTIVE DIRECTOR I	<input type="text" value="28.08"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.02"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM C RIEDLEY		Date of Receipt
Mailing Address 2065 BRENTWOOD AVE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SIMI VALLEY	CA	93063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92344
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	HEAD OF FIELD UNDERWRITIN	<input type="text" value="38.21"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="666.96"/>	

Full Name (Last, First, Middle Initial) C. DONNA E ROCCIA		Date of Receipt
Mailing Address 6 HILL ST.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
MT EPHRAIM	NJ	08059
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92349
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	PROGRAM MANAGER IV	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="86.29"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. LAURA ROCK		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 21757 ULMUS DRIVE		Transaction ID : INCA92350										
City WOODLAND HILLS	State CA	Zip Code 91364										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 88.13											
Name of Employer FARMERS GROUP INC	Occupation HEAD OF HUMAN RESOURCES											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 563.78											

Full Name (Last, First, Middle Initial) B. DONNA R ROMERO		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 900 PACIFIC COAST HWY # 205		Transaction ID : INCA92353										
City HUNTINGTON BEACH	State CA	Zip Code 92648										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 23.75											
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation FIELD CLAIMS MANAGER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.36											

Full Name (Last, First, Middle Initial) C. MARK A ROYER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 3301 TEXANA CT.		Transaction ID : INCA92356										
City ROUND ROCK	State TX	Zip Code 78681										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00											
Name of Employer FARMERS GROUP INC	Occupation DIRECTOR POLITICAL ACTION											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00											

SUBTOTAL of Receipts This Page (optional).....▶	88.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. ANDREW M RUDNICKI		Date of Receipt MM / DD / YYYY 09 / 15 / 2014
Mailing Address 1686 JANSS ROAD		Transaction ID : INCA92357
City THOUSAND OAKS	State CA	Zip Code 91362
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation HEAD OF CLAIMS LITIGATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) B. DENISE RUGGIERO		Date of Receipt MM / DD / YYYY 09 / 15 / 2014
Mailing Address 33 MONTEREY BLVD		Transaction ID : INCA92358
City HERMOSA BEACH	State CA	Zip Code 90254
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer FARMERS GROUP INC	Occupation HD OF COMM LINES P&C & CO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. ANDREW SAAD		Date of Receipt MM / DD / YYYY 09 / 15 / 2014
Mailing Address 841 S NORTON AVE APT 1		Transaction ID : INCA92359
City LOS ANGELES	State CA	Zip Code 90005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer FARMERS GROUP INC	Occupation STRATEGIC ASSISTANT - CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 146
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. ROBERT D SADLER

Mailing Address 6875 LONG LEAF DRIVE

City PARKLAND	State FL	Zip Code 33076
------------------	-------------	-------------------

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92360

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
 68.67

Name of Employer FARMERS GROUP INC	Occupation SVP IA OPERATIONS
---------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1224.06

Full Name (Last, First, Middle Initial)
B. LINDA SANAZARO-HERNANDEZ

Mailing Address 1012 WEST BEVERLY BLVD # 304

City MONTEBELLO	State CA	Zip Code 90640
--------------------	-------------	-------------------

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92361

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
 46.25

Name of Employer FARMERS GROUP INC	Occupation HEAD OF ENTERPRISE OPERAT
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 817.50

Full Name (Last, First, Middle Initial)
C. JEFFREY M SAULS

Mailing Address 371 HAWKCREST CIRCLE

City SACRAMENTO	State CA	Zip Code 95835
--------------------	-------------	-------------------

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92363

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
 50.00

Name of Employer FARMERS GROUP INC	Occupation HEAD OF STATE LEGISLATIVE
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	164.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. DANIEL J SCHROCK

Mailing Address 1100 EARLHAM COURT

City OAK PARK State CA Zip Code 91377

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF SALES MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92367

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. BRAD O SEELEY

Mailing Address 10190 SOUTHRIDGE DRIVE

City CALEDONIA State MI Zip Code 49316

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation PL PRODUCT MANAGER SENIOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92369

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. VICTORIA L SELLERS MCCARTHY

Mailing Address 1 COSENZA

City LAGUNA NIGUEL State CA Zip Code 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF REGULATORY AFFAIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : INCA92370

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. RUSSINA SGOUREVA			Date of Receipt
Mailing Address 3720 BOISE AVE			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92372
LOS ANGELES	CA	90066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="45.83"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF FARMERS CA - AUTO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="819.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. STEVEN M SHIBEL			Date of Receipt
Mailing Address 349 N IRVING BLVD			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92375
LOS ANGELES	CA	90004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.08"/>
Name of Employer	Occupation		
FARMERS GROUP INC	E-BUS PROJECT TECH SPEC		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="359.10"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MICHAEL J SHIRA			Date of Receipt
Mailing Address 646 HERMOSA AVE			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92376
HERMOSA BEACH	CA	90254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	CISO AND HEAD GTA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="720.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.91"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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

A. RICHARD M SHRIVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25809 FLEMMING PLACE
 City State Zip Code
 STEVENSON RANCH CA 91381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC HEAD OF EXCLUSIVE AGENT D
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92377
 Amount of Each Receipt this Period
 35.00

B. CAROL L SIEGFRIED
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 PLEASANT DRIVE
 City State Zip Code
 NOTTINGHAM PA 19362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC VP & CHIEF RISK OFFICER N
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92379
 Amount of Each Receipt this Period
 25.00

C. JORDAN SILVERTRUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 4506 EL CORAZON
 City State Zip Code
 CAMARILLO CA 93012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC STRATEGY CONSULTANT II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92380
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. TERRY W SIRON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 1341 FLAGSTONE AVENUE		Transaction ID : INCA92384										
City CELEBRATION	State FL	Zip Code 34747										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.56											
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation CLAIMS STAFF SYSTEM COORD											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.08											

Full Name (Last, First, Middle Initial) B. DEBORAH SMITH		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 519 DOUGFIELD RD SCOTTFIELD		Transaction ID : INCA92388										
City NEWARK	State DE	Zip Code 19713										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.09											
Name of Employer FARMERS GROUP INC	Occupation REGULATORY AFFAIRS MANAGE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.33											

Full Name (Last, First, Middle Initial) C. ERIC D SMITH		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		15		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		15		2014								
Mailing Address 218 GREEN HEATH		Transaction ID : INCA92389										
City THOUSAND OAKS	State CA	Zip Code 91361										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.20											
Name of Employer FARMERS GROUP INC	Occupation SALES MANAGER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.44											

SUBTOTAL of Receipts This Page (optional).....▶	46.85
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. ROY E SMITH		Date of Receipt
Mailing Address 29140 MEDEA LANE # 1101		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
AGOURA HILLS	CA	91301
FEC ID number of contributing federal political committee.		Transaction ID : INCA92391
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	PRESIDENT OF FARMERS EXCL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1890.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEPHANIE M SMITH		Date of Receipt
Mailing Address 44089 NOWLAND DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
CANTON	MI	48188
FEC ID number of contributing federal political committee.		Transaction ID : INCA92392
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="17.43"/>
Name of Employer	Occupation	
FARMERS GROUP INC	LEARNING AND DEVELOPMENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="308.28"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WILLIAM A SNAPP		Date of Receipt
Mailing Address 14514 CAROLCREST ST		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
HOUSTON	TX	77079-6508
FEC ID number of contributing federal political committee.		Transaction ID : INCA92393
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
FARMERS INSURANCE EXCHANGE	SR CLAIMS ATTORNEY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="147.43"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. ERIK J SNIKERIS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 1921 CHALK ROCK COVE		Transaction ID : INCA92394										
City AUSTIN	State TX	Zip Code 78735										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00										
Name of Employer FARMERS GROUP INC	Occupation VP SERVICE OPERATIONS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00											

Full Name (Last, First, Middle Initial) B. TERRYLE E SORENSEN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 902 BRIDGE WALK CT SE		Transaction ID : INCA92400										
City ADA	State MI	Zip Code 49301										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer FARMERS GROUP INC	Occupation FUNCTIONAL OPERATIONS MAN											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00											

Full Name (Last, First, Middle Initial) C. KENNETH W SOVEY		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 107 KITE STREET		Transaction ID : INCA92401										
City LAKEWAY	State TX	Zip Code 78734										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.46										
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation CLAIMS SPEC REP PROP											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.28											

SUBTOTAL of Receipts This Page (optional).....▶	73.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 62 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. CHANDA SPERRY
 Mailing Address 421 HORSEBACK HOLLOW
 City State Zip Code
 AUSTIN TX 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC VP SERVICE OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92402
 Amount of Each Receipt this Period
 25.70

Full Name (Last, First, Middle Initial)
B. GREGORY A SPURLOCK
 Mailing Address 27605 AVE DEL MESA
 City State Zip Code
 RNCH PALOS VERDES CA 90275-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC VP FINANCE OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92403
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. SCOTT R ST JOHN
 Mailing Address 2310 MEADOWSHIRE RD
 City State Zip Code
 GALENA OH 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE DIR CLAIMS FIELD OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 663.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92405
 Amount of Each Receipt this Period
 37.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.92
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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A. CHRISTINE D STANTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8925 KETCH RD
 City PLAIN CITY State OH Zip Code 43064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation SITE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92406
 Amount of Each Receipt this Period
 200.00

B. TIMOTHY D STOCKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 HEIMER ROAD #109
 City SAN ANTONIO State TX Zip Code 78232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS INSURANCE EXCHANGE Occupation FIELD CLAIMS SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92408
 Amount of Each Receipt this Period
 19.06

C. PAUL T STRANSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2143 PEPPERIDGE TRAIL
 City BRIGHTON State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation AVP GOVT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92409
 Amount of Each Receipt this Period
 33.35

SUBTOTAL of Receipts This Page (optional).....▶	72.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. JIM W SWOPE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 13 FIRESIDE		Transaction ID : INCA92414										
City MCLENDON CHISHOLM	State TX	Zip Code 75032										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 26.72											
Name of Employer FARMERS GROUP INC	Occupation HEAD OF TERRITORY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 477.78											

Full Name (Last, First, Middle Initial) B. AUDREY SYLVAN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 3 BINGHAM COURT		Transaction ID : INCA92415										
City BRATENAHL	State OH	Zip Code 44108										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 111.03											
Name of Employer FARMERS GROUP INC	Occupation HEAD OF PRODUCT MGMT - FA											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1998.54											

Full Name (Last, First, Middle Initial) C. JAMES C TAYLOR		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 756 HAVERFORD AVE		Transaction ID : INCA92417										
City PACIFIC PALISAD	State CA	Zip Code 90272										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 44.38											
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation CHIEF CLAIMS COMPLIANCE O											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 758.40											

SUBTOTAL of Receipts This Page (optional).....▶	182.13
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. MARK J TESTA		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 783 AZURE HILLS DR		Transaction ID : INCA92418										
City SIMI VALLEY	State CA	Zip Code 93065										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer FARMERS GROUP INC	Occupation VP COMML BUS INS IA											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00											

Full Name (Last, First, Middle Initial) B. ANNETTE K THOMPSON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 683 SEDGEWORTH COURT		Transaction ID : INCA92421										
City SIMI VALLEY	State CA	Zip Code 93065										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.19										
Name of Employer FARMERS GROUP INC	Occupation SVP CHIEF LEARNING OFFICE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 573.78											

Full Name (Last, First, Middle Initial) C. MARK S TOOHEY		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2014								
Mailing Address 2424 SPRINGBROOK		Transaction ID : INCA92430										
City THOUSAND OAKS	State CA	Zip Code 91362										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF POLITICAL ACTION											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00											

SUBTOTAL of Receipts This Page (optional).....▶	119.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. DAVID A TRAVERS		Date of Receipt
Mailing Address 22212 OLD FOSSIL ROAD		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN ANTONIO	TX	78261
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92432
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	CHIEF OPERATIONS OFFICER	<input type="text" value="96.56"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1721.22"/>	

Full Name (Last, First, Middle Initial) B. NANCY H TREUL		Date of Receipt
Mailing Address 2960 OVERLOOK SUMMIT SE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
GRAND RAPIDS	MI	49546
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92433
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	SVP SERVICE OPERATIONS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. RUDOLFO C TREVINO		Date of Receipt
Mailing Address 4110 MOORE ST		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
LOS ANGELES	CA	90066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92434
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	VP CHIEF COMPLIANCE OFFIC	<input type="text" value="48.21"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="859.32"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="169.77"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 67 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. MICHAEL TUMPANE

Mailing Address 5632 JAMES AVE. S

City State Zip Code
 MINNEAPOLIS MN 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC AREA SALES MANAGER II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 09 / 15 / 2014
Transaction ID : INCA92436

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. KIRK C TWEEDY

Mailing Address 2550 PARKCREST WAY

City State Zip Code
 ROSEVILLE CA 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF TERRITORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 681.48

Date of Receipt
 09 / 15 / 2014
Transaction ID : INCA92438

Amount of Each Receipt this Period
 38.35

Full Name (Last, First, Middle Initial)
C. STACEY UPSON

Mailing Address 11392 BELMONT LAKE DR #102

City State Zip Code
 LAS VEGAS NV 89135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE MANAGING ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 417.23

Date of Receipt
 09 / 15 / 2014
Transaction ID : INCA92439

Amount of Each Receipt this Period
 34.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. JASON P VAN NORMAN		Date of Receipt
Mailing Address 7607 SPATTERDOCK DR		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
BOYNTON BEACH	FL	33437
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92440
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	NETWORK SUBJECT MATTER EX	<input type="text" value="22.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="381.43"/>	

Full Name (Last, First, Middle Initial) B. MICHAEL G VARNEY		Date of Receipt
Mailing Address 2312 LIBERTY CT		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
EAGLEVILLE	PA	19403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92441
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	LIFE MARKETING MGR	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. PETER VILES		Date of Receipt
Mailing Address 1520 MICHAEL LANE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
PACIFIC PALISADES	CA	90272-2021
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92442
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	HEAD OF INTERNAL COMMUNIC	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="455.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="82.23"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. TERRANCE W VOTEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12835 DOVER DRIVE
 City State Zip Code
 APPLE VALLEY MN 55124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE DIV SUPV ATTY BRNCH LEGAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92443
 Amount of Each Receipt this Period
 30.00

B. WILLIAM D WALRATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1816 KIRSTEN LEE DR.
 City State Zip Code
 WESTLAKE VILLAGE CA 91361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC HEAD OF TERRITORY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 592.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92445
 Amount of Each Receipt this Period
 33.26

C. GARY A WAVERING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1292 PORTILLO LANE
 City State Zip Code
 LAKE ARROWHEAD CA 92352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC CORPORATE TAX MGR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 609.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : INCA92448
 Amount of Each Receipt this Period
 34.27

SUBTOTAL of Receipts This Page (optional).....▶	97.53
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. STEVEN H WEINSTEIN		Date of Receipt
Mailing Address 11988 WOOD RANCH ROAD		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
GRANADA HILLS	CA	91344
FEC ID number of contributing federal political committee.		Transaction ID : INCA92449
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	HEAD GENERAL COUNSEL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT J WESHOLSKI		Date of Receipt
Mailing Address 2919 MEADOW BLUFF DR NW		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
GRAND RAPIDS	MI	49504
FEC ID number of contributing federal political committee.		Transaction ID : INCA92451
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	POSTAL COMPLIANCE DIRECTO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CLARE WIGGINS		Date of Receipt
Mailing Address 1235 CRESTOVER RD		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.		Transaction ID : INCA92458
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="18.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	DIRECT MARKETING CONSULT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="234.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="83.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. BOBBY G WILLIAMS

Mailing Address 21910 LEGEND POINT DR

City State Zip Code
 SAN ANTONIO TX 78258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC LIFE AND FINANCIAL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 282.90

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92460

Amount of Each Receipt this Period
 15.82

Full Name (Last, First, Middle Initial)
B. DAVID WILLIAMS

Mailing Address 8377 ALLEGHENY GROVE BLVD

City State Zip Code
 VICTORIA MN 55386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HD OF CONSUMER STRATEGY R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92461

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. JOHN M WITTMAN

Mailing Address 409 SW 13TH ST

City State Zip Code
 OAK GROVE MO 64075-8500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE FIELD CLAIMS MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 271.68

Date of Receipt
 09 / 15 / 2014

Transaction ID : INCA92464

Amount of Each Receipt this Period
 15.29

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.11

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. JOSEPH P WOLONSKY		Date of Receipt
Mailing Address 170 WEST JANSS ROAD		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
THOUSAND OAKS	CA	91360
FEC ID number of contributing federal political committee.		Transaction ID : INCA92465
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS INSURANCE EXCHANGE	LITIGATION ATTORNEY SR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JERRY R WORKMAN		Date of Receipt
Mailing Address 108 KILKERRAN LANE		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
PELHAM	AL	35124
FEC ID number of contributing federal political committee.		Transaction ID : INCA92466
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	DIRECTOR GOVERNMENT & IND	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEVE E ZIMMERMAN		Date of Receipt
Mailing Address 5488 CASE DR. SW		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
WYOMING	MI	49418
FEC ID number of contributing federal political committee.		Transaction ID : INCA92470
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12.66"/>
Name of Employer	Occupation	
FARMERS GROUP INC	COMML CUSTOMER SVC MGR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="224.94"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="52.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. SHOHREH F ABEDI

Mailing Address 515 GREEN MOUNTAIN ST

City SIMI VALLEY	State CA	Zip Code 93065
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation SVP KEY ACCT EXEC GLOBAL
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92488

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. DEBORAH ALDREDGE

Mailing Address 25132 KARIE LANE

City SANTA CLARITA	State CA	Zip Code 91350
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation CHIEF ADMINISTRATION OFFI
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92491

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. STEVEN K ANDERSEN

Mailing Address 21414 WINDING PATH WAY

City RICHMOND	State TX	Zip Code 77406
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation LIFE AND FINANCIAL SALES
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **543.96**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92492

Amount of Each Receipt this Period
30.32

SUBTOTAL of Receipts This Page (optional).....▶	90.32
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. LEEANN G BADGETT		Date of Receipt
Mailing Address 7505 COOPER POINT RD NW		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLYMPIA	WA	98502
FEC ID number of contributing federal political committee.		Transaction ID : INCA92498
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="23.31"/>
Name of Employer	Occupation	
FARMERS GROUP INC	AVP CONTROLLER, US LIFE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ANN M BALBIS		Date of Receipt
Mailing Address 9290 NW 15 ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
PEMBROKE PINES	FL	33024
FEC ID number of contributing federal political committee.		Transaction ID : INCA92499
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	DIR FIN OPNS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="335.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHARLES A BALEY		Date of Receipt
Mailing Address 12313 WILLOW FOREST DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MOORPARK	CA	93021
FEC ID number of contributing federal political committee.		Transaction ID : INCA92500
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.65"/>
Name of Employer	Occupation	
FARMERS GROUP INC	CHIEF SECURITY OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="688.98"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.96"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. MICHAEL D BIGELOW		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 6269 EGYPT VALLEY AVE NE		Transaction ID : INCA92510
City ROCKFORD	State MI	Zip Code 49341
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer FARMERS GROUP INC	Occupation VP BUSINESS INTEGRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. SUSAN M BITHELL		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 4249 BELLAIRE AVE.		Transaction ID : INCA92512
City STUDIO CITY	State CA	Zip Code 91604
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer FARMERS GROUP INC	Occupation HEAD OF COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) C. JEFFREY S BOOI		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 2288 W BIPPLEY RD		Transaction ID : INCA92516
City LAKE ODESSA	State MI	Zip Code 48849
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 36.26	
Name of Employer FARMERS GROUP INC	Occupation PROGRAM MANAGER IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.32	

SUBTOTAL of Receipts This Page (optional).....▶	66.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. STEPHEN J BOSHOVEN			Date of Receipt
Mailing Address 5730 FOREST GLEN DR			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92517
ADA	MI	49301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	PRESIDENT OF FOREMOST BRA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MICHAEL A BOYD			Date of Receipt
Mailing Address 127 LEOPOLD CT.			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92518
LANDENBURG	PA	19350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF BRAND & ADVERTISI		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JOHN B BRADDOCK			Date of Receipt
Mailing Address 326 LOIRE VALLEY DRIVE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92520
SIMI VALLEY	CA	93065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="44.23"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF PUBLIC POLICY RES		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="789.66"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="119.23"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. TODD A BROOKS		Date of Receipt
Mailing Address 4613 MIRA DEL SOL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
CASTLE ROCK	CO	80104
FEC ID number of contributing federal political committee.		Transaction ID : INCA92521
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	HEAD OF EXCLUSIVE AGENT D	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DARRELL M BROWN		Date of Receipt
Mailing Address 13153 SHADOW WOOD PL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MOORPARK	CA	93021
FEC ID number of contributing federal political committee.		Transaction ID : INCA92523
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="31.02"/>
Name of Employer	Occupation	
FARMERS GROUP INC	DISTRIBUTION COMPLIANCE D	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="543.12"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MARTIN R BROWN		Date of Receipt
Mailing Address 2684 MEADOWRIDGE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
BYRON CENTER	MI	49315
FEC ID number of contributing federal political committee.		Transaction ID : INCA92526
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	VP GENERAL COUNSEL IA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="106.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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

A. MARIA D BURDICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 15826 NW ENERGIA STREET
 City PORTLAND State OR Zip Code 97229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation REGULATORY AFFAIRS SENIOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92533
 Amount of Each Receipt this Period
 20.00

B. DOUGLAS R BURTCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5905 NW 97TH DR
 City PARKLAND State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation VP EXECUTIVE DIRECTOR IA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92535
 Amount of Each Receipt this Period
 40.00

C. TERENCE P CAHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 LONE ACRE RD
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation COMMUNICATIONS DIRECTOR,
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92538
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. SAMMY K CARLETON

Mailing Address 8919 BIRCHWOOD LANE

City BLOOMINGTON State MN Zip Code 55438

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF TERRITORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92541

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. MARK C CAWLEY

Mailing Address 2 ACADEMY LANE

City WAYNE State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation SR CORPORATE COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **496.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92544

Amount of Each Receipt this Period
27.94

Full Name (Last, First, Middle Initial)
C. ROBERT L COMPAN

Mailing Address 8613 COPPER FALLS AVE

City LAS VEGAS State NV Zip Code 89129

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation MANAGER II-GOVERNMENT AND

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92553

Amount of Each Receipt this Period
26.00

SUBTOTAL of Receipts This Page (optional).....▶	78.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. RANDALL L COOPER			Date of Receipt
Mailing Address 6825 PINEHURST AVE SE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92554
SNOQUALMIE	WA	98065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.77"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF LIFE FIELD OPERAT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="687.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. TERRI S COVERT			Date of Receipt
Mailing Address 21201 KITTRIDGE STREET UNIT 9308			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92556
WOODLAND HILLS	CA	91303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HR BUSINESS PARTNER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. GREGORY A DAHINDEN			Date of Receipt
Mailing Address 20600 SW KAWANDA CT			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92561
TUALATIN	OR	97062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="23.20"/>
Name of Employer	Occupation		
FARMERS GROUP INC	DISTRIBUTION COMPLIANCE D		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="413.58"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.97"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. KEITH G DALY

Mailing Address 2516 THREE SPRINGS DR.

City WESTLAKE VILLAGE	State CA	Zip Code 91361
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS INSURANCE EXCHANGE	Occupation CHIEF CLAIMS OFFICER
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92562

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. KIM DECKER

Mailing Address 11904 BLUE WAY AVE

City OKLAHOMA CITY	State OK	Zip Code 73162
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation DIRECTOR GOVERNMENT AFFAI
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92566

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. ANTHONY J DESANTIS

Mailing Address 813 OWLS NEST RD

City CENTERVILLE	State DE	Zip Code 19807
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation PRESIDENT OF PERSONAL LIN
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2174.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92569

Amount of Each Receipt this Period
120.83

SUBTOTAL of Receipts This Page (optional).....▶	195.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. DIANE DROUBAY		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 7504 191ST ST SW		Transaction ID : INCA92577										
City LYNNWOOD	State WA	Zip Code 98036										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00											
Name of Employer FARMERS GROUP INC	Occupation PROGRAM MANAGER II											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00											

Full Name (Last, First, Middle Initial) B. AMY J DUKES		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 13705 BOND ST		Transaction ID : INCA92578										
City OVERLAND PARK	State KS	Zip Code 66221										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 21.22											
Name of Employer FARMERS GROUP INC	Occupation HO COMPLIANCE DIRECTOR											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.10											

Full Name (Last, First, Middle Initial) C. DAN C DUNMOYER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 4230 GUILDFORD COURT		Transaction ID : INCA92579										
City SACRAMENTO	State CA	Zip Code 95864										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00											
Name of Employer FARMERS GROUP INC	Occupation SVP HEAD OF GOVERNMENT AN											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00											

SUBTOTAL of Receipts This Page (optional).....▶	166.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. MARK DYVINIAK		Date of Receipt
Mailing Address 204 N. HENTON AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
COVINA	CA	91724
FEC ID number of contributing federal political committee.		Transaction ID : INCA92581
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	AVP PRINT & DOCUMENT MANA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DWIGHT W EASTON		Date of Receipt
Mailing Address 6645 LINDA-VISTA BL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MISSOULA	MT	59803
FEC ID number of contributing federal political committee.		Transaction ID : INCA92582
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="21.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	MANAGER II-GOVERNMENT AND	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.54"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ALLEN J ENGEL		Date of Receipt
Mailing Address 14909 WALMER ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
OVERLAND PARK	KS	66223
FEC ID number of contributing federal political committee.		Transaction ID : INCA92585
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	SR MGR AUDIT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="61.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. PATRICIA M EVANS			Date of Receipt
Mailing Address 1641 VISTA DRIVE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92586
GLENDALE	CA	91201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	VP CONT HEAD PLNG AND BUD		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MARK G FALLIS			Date of Receipt
Mailing Address 3209 WELLS DRIVE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92587
PLANO	TX	75093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="24.59"/>
Name of Employer	Occupation		
FARMERS GROUP INC	TERRITORY TRAINING MANAGE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="438.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. TIMOTHY E FELKS			Date of Receipt
Mailing Address 357 CHERRY HILLS COURT			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92589
NEWBURY PARK	CA	91320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
FARMERS INSURANCE EXCHANGE	HEAD OF PROPERTY CLAIMS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="79.59"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. JOHN R FELTON		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 2804 BRECKENRIDGE CIR		Transaction ID : INCA92590
City AURORA	State IL	Zip Code 60504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation HIGH EXPOSURE ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. SHARON R FERNANDEZ		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 10530 PEMBRIAR CIRCLE		Transaction ID : INCA92591
City SAN ANTONIO	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 57.97	
Name of Employer FARMERS GROUP INC	Occupation HEAD OF SERVICE OPERATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1026.90	

Full Name (Last, First, Middle Initial) C. BRIAN J FITZPATRICK		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 776 LARCHMONT ST		Transaction ID : INCA92596
City SIMI VALLEY	State CA	Zip Code 93065
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer FARMERS GROUP INC	Occupation HEAD OF LIFE FIELD OPERAT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional).....▶	122.97
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 146
(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 (Last, First, Middle Initial)
A. PAUL F FOLEY

Mailing Address 760 SW 17TH ST

City BOCA RATON State FL Zip Code 33486

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF FINANCE - BRISTOL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92597

Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
B. WILLIAM FOURNELL

Mailing Address 594 27TH STREET

City MANHATTAN BEACH State CA Zip Code 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF AGENCY MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92598

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. JOHN T FRAGER

Mailing Address 6944 WOODROW WILSON DR

City LOS ANGELES State CA Zip Code 90068

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation DIRECTOR MEDIA & PUBLIC R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92599

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ► **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. HEATHER M FREELIN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 1504 CHESTNUT AVE.		Transaction ID : INCA92601										
City MANHATTAN BEACH	State CA	Zip Code 90266										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.13										
Name of Employer FARMERS GROUP INC	Occupation CORPORATE LITIGATION SUPE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.34											

Full Name (Last, First, Middle Initial) B. ERIN FREEMAN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 32 NARBONNE		Transaction ID : INCA92602										
City LAGUNA NIGUEL	State CA	Zip Code 92677										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer FARMERS GROUP INC	Occupation CHIEF COMMUNICATIONS OFF											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00											

Full Name (Last, First, Middle Initial) C. GREG L GAGARINAS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 9208 N 83RD ST		Transaction ID : INCA92605										
City SCOTTSDALE	State AZ	Zip Code 85258										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.63										
Name of Employer FARMERS GROUP INC	Occupation ZURICH/FARMERS PROCUREMENT											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1011.06											

SUBTOTAL of Receipts This Page (optional).....▶	119.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. FRANK V GALITSKI

Mailing Address 11700 RED OAK VALLEY LANE

City AUSTIN	State TX	Zip Code 78732
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation DIRECTOR GOVERNMENT AFFAI
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **431.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : INCA92607

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
											24.19

Full Name (Last, First, Middle Initial)
B. MATTHEW GANNON

Mailing Address 3713 RIVERWOOD RD.

City ALEXANDRIA	State VA	Zip Code 22309
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation HEAD OF FEDERAL AFFAIRS
---------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **724.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : INCA92610

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
											40.57

Full Name (Last, First, Middle Initial)
C. DANIEL L GARDNER

Mailing Address 23913 MOBILE ST

City WEST HILLS	State CA	Zip Code 91307
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FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation AVP CORPORATE LITIGITATIO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : INCA92611

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
											25.00

SUBTOTAL of Receipts This Page (optional).....▶	89.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. MICHAEL P GILMARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1035 OTTAWA DR
 City CLAREMONT State CA Zip Code 91711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation MARKETING CONS I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 316.02

Date of Receipt 09 / 30 / 2014
Transaction ID : INCA92612
 Amount of Each Receipt this Period 17.67

B. DENISE K GRUBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 6653 OLD DARBY TRAIL NE
 City ADA State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation VP SERVICE OPERATIONS SUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 568.57

Date of Receipt 09 / 30 / 2014
Transaction ID : INCA92620
 Amount of Each Receipt this Period 43.77

C. RACHEL L GUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 MODDISON AVE
 City SACRAMENTO State CA Zip Code 95819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation DIRECTOR OF MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 421.22

Date of Receipt 09 / 30 / 2014
Transaction ID : INCA92621
 Amount of Each Receipt this Period 25.65

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.09
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. ILENE B HABER			Date of Receipt
Mailing Address 5501 NEWCASTLE AVE APT 311			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92622
ENCINO	CA	91316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.63"/>
Name of Employer	Occupation		
FARMERS INSURANCE EXCHANGE	HEAD OF UNIVERSITY OF FAR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="651.06"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CARL HACKLING			Date of Receipt
Mailing Address 3830 RIDGE POINT DR			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92623
SUWANEE	GA	30024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF EXCLUSIVE AGENT D		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ANASTASIA L HAGGIN			Date of Receipt
Mailing Address 2529 CHATEAU CLERMONT			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92624
HENDERSON	NV	89044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.50"/>
Name of Employer	Occupation		
FARMERS GROUP INC	AGENCY DEVELOPMENT MANAGE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.13"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. CHRISTOPHER J HAMM			Date of Receipt
Mailing Address 13873 SWIFT RUN ST			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92628
MOORPARK	CA	93021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	PL PRODUCT MANAGER SENIOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. OCTAVIA A HARRIS			Date of Receipt
Mailing Address 3040 FALCONHILL DR			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92631
APOPKA	FL	32712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="14.07"/>
Name of Employer	Occupation		
FARMERS INSURANCE EXCHANGE	SUPV FLD CLAIMS LIABILITY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KATHLEEN D HARTLEY			Date of Receipt
Mailing Address 2905 GREENWICH RD			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92632
GLENDALE	CA	91206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.47"/>
Name of Employer	Occupation		
FARMERS GROUP INC	PROJECT MANAGER IV		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="347.94"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="48.54"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. KERRY L HAYDEN

Mailing Address 7663 S ASH AVENUE

City State Zip Code
 TEMPE AZ 85284

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC MANAGER II-GOVERNMENT AND

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 343.32

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92636

Amount of Each Receipt this Period
 19.20

Full Name (Last, First, Middle Initial)
B. JANET L HAYES

Mailing Address 14401 NORWOOD ST.

City State Zip Code
 LEAWOOD KS 66224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE HEAD OF AUTO ZONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92637

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. BARRY B HELTON

Mailing Address 5600 OVERTON DR

City State Zip Code
 PARKER TX 75002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE FIELD CLAIMS MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92640

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	54.20
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 93 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. JOHN A HENLE

Mailing Address 1719 271ST AVENUE SE

City State Zip Code
 SAMMAMISH WA 98075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF LIFE DISTRIBUTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 797.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92641

Amount of Each Receipt this Period
 44.45

Full Name (Last, First, Middle Initial)
B. DARYN J HENRY

Mailing Address 11235 S LEWIS DR

City State Zip Code
 OLATHE KS 66061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC VP SERVICE OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92642

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. TERRY S HENSCHEL

Mailing Address 5628 FAUST AVENUE

City State Zip Code
 WOODLAND HILLS CA 91367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC DIR SR, REGULATORY AFFAIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 573.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92643

Amount of Each Receipt this Period
 32.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. MICHAEL R HESTER			Date of Receipt
Mailing Address 600 ALDON RD			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92645
CLAYMONT	DE	19703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.97"/>
Name of Employer	Occupation		
FARMERS GROUP INC	SYSTEMS ADMINISTRATOR SR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="338.16"/>		

Full Name (Last, First, Middle Initial) B. NATHAN J HILDNER			Date of Receipt
Mailing Address 1286 CORNET ST.			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92647
HENDERSON	NV	89052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="17.94"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF TERRITORY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="318.78"/>		

Full Name (Last, First, Middle Initial) C. RODNEY HOLLENBECK			Date of Receipt
Mailing Address 15829 S E 47TH PLACE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92650
BELLEVUE	WA	98006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
FARMERS INSURANCE EXCHANGE	MANAGING ATTORNEY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="61.91"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. CAROL L HUTCHINSON		Date of Receipt
Mailing Address 2573 CADES COVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
BRIGHTON	MI	48114
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92655
FARMERS GROUP INC	MANAGER II-GOVERNMENT AND	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) B. JULIE L HUYSER		Date of Receipt
Mailing Address 7921 SERENITY DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MIDDLEVILLE	MI	49333
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92656
FARMERS GROUP INC	PL PRODUCT DEV MGR-HO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="415.14"/>	<input type="text" value="23.29"/>

Full Name (Last, First, Middle Initial) C. TREVOR D IRISH		Date of Receipt
Mailing Address 7603 GEORGES RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
FORT PIERCE	FL	34951
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92659
FARMERS INSURANCE EXCHANGE	FIELD CLAIMS SUPERVISOR -	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.64"/>	<input type="text" value="14.67"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.96"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. ADAMA L IWU		Date of Receipt
Mailing Address 5635 AYALA WAY		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SACRAMENTO	CA	95835
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92660
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	MANAGER II-GOVERNMENT AND	<input type="text" value="15.58"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="331.20"/>	

Full Name (Last, First, Middle Initial) B. PAUL J JACKSON		Date of Receipt
Mailing Address 10365 MARTINGALE DR.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
BOISE	ID	83709
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92662
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	MANAGER I - GOVERN AND IN	<input type="text" value="17.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="290.00"/>	

Full Name (Last, First, Middle Initial) C. GERALD J JANDA		Date of Receipt
Mailing Address 1547 GUADALAJARA DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN JOSE	CA	95120
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92663
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS INSURANCE EXCHANGE	CLAIMS SPEC REP PROP	<input type="text" value="15.72"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="281.10"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="51.80"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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

A. WILLIAM K JOHANNESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18740 WILLOWTREE LANE
 City NORTHRIDGE State CA Zip Code 91326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation VP PROPERTY & CASUALTY LE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : INCA92665
 Amount of Each Receipt this Period **50.00**

B. DEXTER F JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 N ROSSMORE AVE # 505
 City LOS ANGELES State CA Zip Code 90004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation AVP PRODUCT PRESENTATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : INCA92666
 Amount of Each Receipt this Period **20.00**

C. KIMBERLEE JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 851 GRADA AVENUE
 City CAMARILLO State CA Zip Code 93010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation ACCOUNT EXECUTIVE IV
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : INCA92667
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. ROHINTON KATRAK

Mailing Address 7320 HILLSVIEW COURT

City WEST HILLS	State CA	Zip Code 91307
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation HEAD OF FIELD OPERATIONS
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92671

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. ROBERT G KAY

Mailing Address 2756 WEATHERSTONE DRIVE

City ELLCOTT CITY	State MD	Zip Code 21042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation DIRECTOR EXPANSION ZONE S
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92672

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. DEBRA D KELLOGG

Mailing Address 7420 MCCOY ST.

City SHAWNEE	State KS	Zip Code 66227
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation COMPLIANCE COORDINATOR
---------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **362.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92673

Amount of Each Receipt this Period
20.42

SUBTOTAL of Receipts This Page (optional).....▶	60.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. EDWARD J KELLY

Mailing Address 1127 CARDINAL DR

City WEST CHESTER State PA Zip Code 19382

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF NORTH AMERICAN NE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92674

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. RYAN J KELLY

Mailing Address 137 LINK CT

City NEWBERG State OR Zip Code 97132

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS INSURANCE EXCHANGE Occupation CLAIMS SPEC REP LIABILITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.46**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92675

Amount of Each Receipt this Period
14.47

Full Name (Last, First, Middle Initial)
C. SHANNON L KELLY

Mailing Address 4127 PALISADES ROAD

City SAN DIEGO State CA Zip Code 92116

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC Occupation HEAD OF PRODUCT MGMT-21ST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92676

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **74.47**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. GRETCHEN L KEPHART		Date of Receipt
Mailing Address 13117 GODDARD AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
OVERLAND PARK	KS	66213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92677
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	SERVICE OPERATIONS DIRECT	<input type="text" value="280.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. BRYCE W KERR		Date of Receipt
Mailing Address 6303 OWENSMOUTH BLVD 11TH FLOOR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
WOODLAND HILLS	CA	91367
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92678
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	MARKETING CONS II	<input type="text" value="27.84"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="493.14"/>	

Full Name (Last, First, Middle Initial) C. JAMES KILLIAN		Date of Receipt
Mailing Address 3607 CURTIS DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
ROUND ROCK	TX	78681
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92680
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	PL PRODUCT MGR ASST-HO	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="67.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. MICHELE I LEWIS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		30		2014								
Mailing Address 4047 MAURICE DR		Transaction ID : INCA92702										
City NEWBURY PARK	State CA	Zip Code 91320										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.25											
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation PROFESSIONAL DEV LEADERSH											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 534.24											

Full Name (Last, First, Middle Initial) B. JOHN S LINDEMANN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		30		2014								
Mailing Address 22435 SKYLAKE PLACE		Transaction ID : INCA92703										
City SANTA CLARITA	State CA	Zip Code 91390										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00											
Name of Employer FARMERS GROUP INC	Occupation MARKETING CONS SR											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00											

Full Name (Last, First, Middle Initial) C. SCOTT R LINDQUIST		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		30		2014								
Mailing Address 2797 RAINFIELD AVENUE		Transaction ID : INCA92704										
City WESTLAKE VILLAGE	State CA	Zip Code 91362										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00											
Name of Employer FARMERS GROUP INC	Occupation EVP AND CHIEF FIN OFFICER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00											

SUBTOTAL of Receipts This Page (optional).....▶	120.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. HUGH A LINSTROM		Date of Receipt
Mailing Address 10948 AYRES AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
LOS ANGELES	CA	90064
FEC ID number of contributing federal political committee.		Transaction ID : INCA92705
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.41"/>
Name of Employer	Occupation	
FARMERS GROUP INC	AVP CORPORATE COUNSEL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="284.56"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MICHAEL LINTON		Date of Receipt
Mailing Address 45 FREDRICK AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
ATHERTON	CA	94027
FEC ID number of contributing federal political committee.		Transaction ID : INCA92706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	CHIEF MARKETING OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHARLES J LOMBARDI		Date of Receipt
Mailing Address 3234 FREEMAN ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN DIEGO	CA	92106
FEC ID number of contributing federal political committee.		Transaction ID : INCA92707
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="18.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	COMMERCIAL WHOLESALER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="321.90"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="58.41"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. CHRIS LONGEWAY		Date of Receipt
Mailing Address 1283 W DEERPATH RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAKE FOREST	IL	60045
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92708
FARMERS GROUP INC	DEPUTY HEAD OF PUBLIC POL	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. JEFFREY L LOSEY		Date of Receipt
Mailing Address 3807 ABBEY COURT		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWBURY PARK	CA	91320
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92710
FARMERS INSURANCE EXCHANGE	HEAD OF CLAIMS PROFESSION	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	<input type="text" value="15.00"/>

Full Name (Last, First, Middle Initial) C. ELAINE M LOVE		Date of Receipt
Mailing Address 5390 BARRINGTON WAY		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SHOREWOOD	MN	55331
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92712
FARMERS GROUP INC	MANAGER II-GOVERNMENT AND	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="357.06"/>	<input type="text" value="20.03"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.03"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. MICHELE L LYONS

Mailing Address 5073 TOPANGA CANYON BLVD

City	State	Zip Code
WOODLAND HILLS	CA	91364

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS INSURANCE EXCHANGE	HEAD OF WORKERS' COMP & M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92715

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. TIMOTHY M MADDEN

Mailing Address 3322 SOUTH SHAMROCK RD

City	State	Zip Code
TAMPA	FL	33629

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	PRESIDENT BRISTOL WEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92716

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. GEORGE J MANDAS

Mailing Address 704 RED OAK DR

City	State	Zip Code
BARTLETT	IL	60103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	COMMERCIAL WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : INCA92719

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. MICHAEL K MCKENNA		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 4202 MISTY HOLLOW CT		Transaction ID : INCA92723
City MOORPARK	State CA	Zip Code 93021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.00
Name of Employer FARMERS GROUP INC	Occupation VP INTERNAL AUDITING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00	

Full Name (Last, First, Middle Initial) B. SCOTT M MILLWARD		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 3129 BUCKINGHAM RD		Transaction ID : INCA92735
City GLENDALE	State CA	Zip Code 91206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer FARMERS GROUP INC	Occupation CHIEF TALENT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JEFFREY MIZER		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 5951 PEPPERRIDGE CT		Transaction ID : INCA92736
City MAINEVILLE	State OH	Zip Code 45039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.01
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation FIELD CLAIMS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.34	

SUBTOTAL of Receipts This Page (optional).....▶	84.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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A. MEGHJIT MOOKERJEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 SHENANDOAH DRIVE
 City NEWARK State DE Zip Code 19711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation PROGRAM MANAGER II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92739
 Amount of Each Receipt this Period
 13.07

B. PHILIP M MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1535 GAYWOOD DR
 City ALTADENA State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation VP FGI PRES OF PREMATIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92740
 Amount of Each Receipt this Period
 48.03

C. PENNY L MROZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2610 GLENCAIRIN DR NW
 City GRAND RAPIDS State MI Zip Code 49504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation AVP PRODUCT DEVELOPMENT S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92745
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.10
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. JOHN J MUELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4044 CANYON GLEN CIRCLE
 City AUSTIN State TX Zip Code 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation HEAD OF SERVICE DELIVERY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.84

Date of Receipt 09 / 30 / 2014
Transaction ID : INCA92746
 Amount of Each Receipt this Period 32.51

B. JOHN C MUETING
 Full Name (Last, First, Middle Initial)
 Mailing Address 5528 OAK GROVE CIRCLE
 City LONG GROVE State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation PRES FARMERS FIN SOLUTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2014
Transaction ID : INCA92747
 Amount of Each Receipt this Period 25.00

C. LEO E MULDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2054 S CHESANING DR SE
 City GRAND RAPIDS State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation AVP PRODUCT MGMT SPECIALT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : INCA92748
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.51
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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Full Name (Last, First, Middle Initial)
A. NATASA MUNK
 Mailing Address 29180 HIDDEN VALLEY DR
 City State Zip Code
 ORANGE VILLAGE OH 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC NA HEAD OF DESKTOP SRVS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92750
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. BRYAN F MURPHY
 Mailing Address 5531 LITTLE FAWN CT
 City State Zip Code
 WESTLAKE CA 91362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC PRESIDENT BUSINESS INSURA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92751
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. PETER M MURRAY
 Mailing Address 941 GREENWOOD STREET
 City State Zip Code
 MIDDLEVILLE MI 49333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FARMERS GROUP INC ZONE FACILITIES MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 374.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92754
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. JOSEPH M MUSASHE			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 12608 WEST 101ST AVE			Transaction ID : INCA92755
City ST JOHN	State IN	Zip Code 46373	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS GROUP INC	Occupation FIELD SR. AGENCY PORTFOLI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. BONNIE J MUSTARDE			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 8305 EDGEMOOR PLACE			Transaction ID : INCA92756
City AUSTIN	State TX	Zip Code 78749	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation CLAIMS COMPLIANCE SPECIAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. ELIZABETH M NEALON			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 7 RED OAKES CT			Transaction ID : INCA92757
City HIGHLANDS RANCH	State CO	Zip Code 80126	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS GROUP INC	Occupation HEAD OF TERRITORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....▶	52.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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Full Name (Last, First, Middle Initial)
A. LARRY J NORVILLE

Mailing Address 705 W TRAVIS STREET

City State Zip Code
 HOLLAND TX 76534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC VP, SPECIALTY LINES MARKE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 752.50

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92762

Amount of Each Receipt this Period
 51.25

Full Name (Last, First, Middle Initial)
B. JAMES NUTTING

Mailing Address 1428 COLINA DRIVE

City State Zip Code
 GLENDALE CA 91208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC SVP AND CHIEF ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 813.78

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92763

Amount of Each Receipt this Period
 45.65

Full Name (Last, First, Middle Initial)
C. JOHN L OLSON

Mailing Address 28108 EAGLES CREST CT

City State Zip Code
 SANTA CLARITA CA 91351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC SUPPORT OPERATIONS DIRECT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92767

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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Full Name (Last, First, Middle Initial) A. CRAIG A ORRAJ		Date of Receipt
Mailing Address 2762 HILARY COURT		M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
City	State	Zip Code
THOUSAND OAKS	CA	91362
FEC ID number of contributing federal political committee. C		Transaction ID : INCA92771
Name of Employer FARMERS INSURANCE EXCHANGE		Amount of Each Receipt this Period
Occupation HEAD OF BUSINESS INSURANC		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	395.00	

Full Name (Last, First, Middle Initial) B. KRIS U PACEY		Date of Receipt
Mailing Address 1804 HARVEST DANCE DR.		M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
City	State	Zip Code
LEANDER	TX	78641
FEC ID number of contributing federal political committee. C		Transaction ID : INCA92776
Name of Employer FARMERS GROUP INC		Amount of Each Receipt this Period
Occupation HEAD OF LIFE FIELD OPERAT		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) C. GARRETT B PADDOR		Date of Receipt
Mailing Address 7825 SE 73RD PLACE		M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
City	State	Zip Code
MERCER ISLAND	WA	98040
FEC ID number of contributing federal political committee. C		Transaction ID : INCA92777
Name of Employer FARMERS GROUP INC		Amount of Each Receipt this Period
Occupation VP GENERAL COUNSEL		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	360.00	

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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Full Name (Last, First, Middle Initial) A. MICHAEL A PAIVA		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		30		2014								
Mailing Address 1148 FREMONT WAY		Transaction ID : INCA92778										
City SACRAMENTO	State CA	Zip Code 95818										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00										
Name of Employer FARMERS GROUP INC	Occupation DIRECTOR GOVERNMENT & IND											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00											

Full Name (Last, First, Middle Initial) B. KIRK A PARKER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		30		2014								
Mailing Address 16847 HALSEY ST		Transaction ID : INCA92780										
City GRANADA HILLS	State CA	Zip Code 91344										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF TERRITORY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) C. JEFFREY L PEPPER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09		30		2014
M M M	/	D D D	/	Y Y Y Y Y								
09		30		2014								
Mailing Address 1674 SLATER		Transaction ID : INCA92782										
City DORR	State MI	Zip Code 49323										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.92										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF FOREMOST FINANCE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 607.84											

SUBTOTAL of Receipts This Page (optional).....▶	77.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 OF 146

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. MICHAEL J PESSETTI		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 2910 WOODRUFF RD		Transaction ID : INCA92783
City HASTINGS	State MI	Zip Code 49058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.55
Name of Employer FARMERS GROUP INC	Occupation VP INNOVATION & BUSINESS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00	

Full Name (Last, First, Middle Initial) B. ERIC L PETERSEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 19326 SPENCER ST.		Transaction ID : INCA92784
City ELKHORN	State NE	Zip Code 68022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer FARMERS GROUP INC	Occupation TERRITORY HEAD OF SALES A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. PAUL A PETERSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 7939 W VILLA LINDO		Transaction ID : INCA92785
City PEORIA	State AZ	Zip Code 85383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer FARMERS GROUP INC	Occupation DIR MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

84.55

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. GLENN A PFEIL		Date of Receipt
Mailing Address 521 BRIDLE DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19810
FEC ID number of contributing federal political committee.		Transaction ID : INCA92786
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="65.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	CFO & PRESIDENT 21ST CENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1170.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MICHAEL W PICKETT		Date of Receipt
Mailing Address 8105 W 130TH STREET		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
OVERLAND PARK	KS	66213
FEC ID number of contributing federal political committee.		Transaction ID : INCA92787
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.11"/>
Name of Employer	Occupation	
FARMERS GROUP INC	AREA SALES MANAGER II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="536.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MAURA C POPP		Date of Receipt
Mailing Address 332 MERION AVE.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
HADDONFIELD	NJ	08033
FEC ID number of contributing federal political committee.		Transaction ID : INCA92789
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
FARMERS GROUP INC	AVP, DEPUTY GENERAL COUNS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.11"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. LARRY M PRATT		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 20871 SE VISTA DEL LAGO CT		Transaction ID : INCA92792										
City OREGON CITY	State OR	Zip Code 97045										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF TERRITORY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00											

Full Name (Last, First, Middle Initial) B. DONALD W PROCOPIO		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 514 MONTANA AVE.		Transaction ID : INCA92794										
City ALDAN	State PA	Zip Code 19018										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF PRICING ACTUARY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00											

Full Name (Last, First, Middle Initial) C. JOSHUA M PUTNAM		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 320 3RD AVE SW		Transaction ID : INCA92797										
City PACIFIC	State WA	Zip Code 98047										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.04										
Name of Employer FARMERS GROUP INC	Occupation LIFE MARKETING MGR											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.10											

SUBTOTAL of Receipts This Page (optional).....▶	75.04
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 146
(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 (Last, First, Middle Initial)
A. JOHN C PYLE

Mailing Address 12 JOHN DR

City State Zip Code
 SEWELL NJ 08080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC DIR OF P&C ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 549.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92798

Amount of Each Receipt this Period
 30.83

Full Name (Last, First, Middle Initial)
B. PAUL T QUINN

Mailing Address 150 FORRESTER CIRCLE

City State Zip Code
 SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE HEAD OF CLAIMS CUSTOMER E

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 754.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92799

Amount of Each Receipt this Period
 42.18

Full Name (Last, First, Middle Initial)
C. JOHN RAPETTI

Mailing Address 2311 CRAIG DRIVE

City State Zip Code
 HAINESPORT NJ 08036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC DIR PRODUCT MANAGEMENT-HO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 468.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92801

Amount of Each Receipt this Period
 26.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.37

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. JEFFRY REINIG		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 2738 KNIGHTSBRIDGE AVE		Transaction ID : INCA92802										
City THOUSAND OAKS	State CA	Zip Code 91362										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF UNDERWRITING - FA											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00											

Full Name (Last, First, Middle Initial) B. J A RESER		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 587 RUSTIC HILLS DR		Transaction ID : INCA92804										
City SIMI VALLEY	State CA	Zip Code 93065										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF AGENCY MANAGEMENT											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00											

Full Name (Last, First, Middle Initial) C. JOSEPH RICHARDSON		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 4968 ASTOR COURT		Transaction ID : INCA92807										
City LONG GROVE	State IL	Zip Code 60047										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer FARMERS GROUP INC	Occupation HEAD OF FIELD OPERATIONS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. KAREN A RICKETTS		Date of Receipt
Mailing Address 50 GLENVIEW DR. SE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
GRAND RAPIDS TOWNS	MI	49506
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92808
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	ZONE EXECUTIVE DIRECTOR I	<input type="text" value="28.08"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.02"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM C RIEDLEY		Date of Receipt
Mailing Address 2065 BRENTWOOD AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SIMI VALLEY	CA	93063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92809
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	HEAD OF FIELD UNDERWRITIN	<input type="text" value="38.21"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="666.96"/>	

Full Name (Last, First, Middle Initial) C. DONNA E ROCCIA		Date of Receipt
Mailing Address 6 HILL ST.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MT EPHRAIM	NJ	08059
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92814
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	PROGRAM MANAGER IV	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="86.29"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. LAURA ROCK

Mailing Address 21757 ULMUS DRIVE

City State Zip Code
 WOODLAND HILLS CA 91364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 563.78

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92815

Amount of Each Receipt this Period
 34.38

Full Name (Last, First, Middle Initial)
B. DONNA R ROMERO

Mailing Address 900 PACIFIC COAST HWY # 205

City State Zip Code
 HUNTINGTON BEACH CA 92648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE FIELD CLAIMS MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 423.36

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92818

Amount of Each Receipt this Period
 23.75

Full Name (Last, First, Middle Initial)
C. MARK A ROYER

Mailing Address 3301 TEXANA CT.

City State Zip Code
 ROUND ROCK TX 78681

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC DIRECTOR POLITICAL ACTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92821

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.13

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. ANDREW M RUDNICKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1686 JANSS ROAD
 City THOUSAND OAKS State CA Zip Code 91362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS INSURANCE EXCHANGE Occupation HEAD OF CLAIMS LITIGATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92822
 Amount of Each Receipt this Period
 60.00

B. DENISE RUGGIERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 MONTEREY BLVD
 City HERMOSA BEACH State CA Zip Code 90254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation HD OF COMM LINES P&C & CO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92823
 Amount of Each Receipt this Period
 75.00

C. ANDREW SAAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 S NORTON AVE APT 1
 City LOS ANGELES State CA Zip Code 90005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation STRATEGIC ASSISTANT - CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : INCA92824
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 146
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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 (Last, First, Middle Initial) A. ROBERT D SADLER		Date of Receipt
Mailing Address 6875 LONG LEAF DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City PARKLAND	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA92825
Name of Employer FARMERS GROUP INC		Amount of Each Receipt this Period
Occupation SVP IA OPERATIONS		<input type="text" value="68.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1224.06"/>		

Full Name (Last, First, Middle Initial) B. LINDA SANAZARO-HERNANDEZ		Date of Receipt
Mailing Address 1012 WEST BEVERLY BLVD # 304		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City MONTEBELLO	State CA	Zip Code 90640
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA92826
Name of Employer FARMERS GROUP INC		Amount of Each Receipt this Period
Occupation HEAD OF ENTERPRISE OPERAT		<input type="text" value="46.25"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="817.50"/>		

Full Name (Last, First, Middle Initial) C. JEFFREY M SAULS		Date of Receipt
Mailing Address 371 HAWKCREST CIRCLE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City SACRAMENTO	State CA	Zip Code 95835
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : INCA92828
Name of Employer FARMERS GROUP INC		Amount of Each Receipt this Period
Occupation HEAD OF STATE LEGISLATIVE		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="900.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="164.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. DANIEL J SCHROCK

Mailing Address 1100 EARLHAM COURT

City OAK PARK	State CA	Zip Code 91377
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation HEAD OF SALES MANAGEMENT
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92832

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. BRAD O SEELEY

Mailing Address 10190 SOUTHRIDGE DRIVE

City CALEDONIA	State MI	Zip Code 49316
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation PL PRODUCT MANAGER SENIOR
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92834

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. VICTORIA L SELLERS MCCARTHY

Mailing Address 1 COSENZA

City LAGUNA NIGUEL	State CA	Zip Code 92677
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMERS GROUP INC	Occupation HEAD OF REGULATORY AFFAIR
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA92835

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. RUSSINA SGOUREVA			Date of Receipt
Mailing Address 3720 BOISE AVE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92837
LOS ANGELES	CA	90066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="45.83"/>
Name of Employer	Occupation		
FARMERS GROUP INC	HEAD OF FARMERS CA - AUTO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="819.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. STEVEN M SHIBEL			Date of Receipt
Mailing Address 349 N IRVING BLVD			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92840
LOS ANGELES	CA	90004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.08"/>
Name of Employer	Occupation		
FARMERS GROUP INC	E-BUS PROJECT TECH SPEC		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="359.10"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MICHAEL J SHIRA			Date of Receipt
Mailing Address 646 HERMOSA AVE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : INCA92841
HERMOSA BEACH	CA	90254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
FARMERS GROUP INC	CISO AND HEAD GTA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="720.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.91"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. RICHARD M SHRIVER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 25809 FLEMMING PLACE		Transaction ID : INCA92842										
City STEVENSON RANCH	State CA	Zip Code 91381										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00											
Name of Employer FARMERS GROUP INC	Occupation HEAD OF EXCLUSIVE AGENT D											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00											

Full Name (Last, First, Middle Initial) B. CAROL L SIEGFRIED		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 150 PLEASANT DRIVE		Transaction ID : INCA92844										
City NOTTINGHAM	State PA	Zip Code 19362										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00											
Name of Employer FARMERS GROUP INC	Occupation VP & CHIEF RISK OFFICER N											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00											

Full Name (Last, First, Middle Initial) C. JORDAN SILVERTRUST		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 4506 EL CORAZON		Transaction ID : INCA92845										
City CAMARILLO	State CA	Zip Code 93012										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00											
Name of Employer FARMERS GROUP INC	Occupation STRATEGY CONSULTANT II											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00											

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. TERRY W SIRON		Date of Receipt
Mailing Address 1341 FLAGSTONE AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
CELEBRATION	FL	34747
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92849
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS INSURANCE EXCHANGE	CLAIMS STAFF SYSTEM COORD	<input type="text" value="16.56"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="298.08"/>	

Full Name (Last, First, Middle Initial) B. DEBORAH SMITH		Date of Receipt
Mailing Address 519 DOUGFIELD RD SCOTTFIELD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWARK	DE	19713
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92853
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	REGULATORY AFFAIRS MANAGE	<input type="text" value="15.09"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="254.33"/>	

Full Name (Last, First, Middle Initial) C. ERIC D SMITH		Date of Receipt
Mailing Address 218 GREEN HEATH		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
THOUSAND OAKS	CA	91361
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92854
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	SALES MANAGER	<input type="text" value="15.20"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="263.44"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="46.85"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. ROY E SMITH

Mailing Address 29140 MEDEA LANE # 1101

City	State	Zip Code
AGOURA HILLS	CA	91301

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	PRESIDENT OF FARMERS EXCL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92856

Amount of Each Receipt this Period
 105.00

Full Name (Last, First, Middle Initial)
B. STEPHANIE M SMITH

Mailing Address 44089 NOWLAND DR

City	State	Zip Code
CANTON	MI	48188

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS GROUP INC	LEARNING AND DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92857

Amount of Each Receipt this Period
 17.43

Full Name (Last, First, Middle Initial)
C. WILLIAM A SNAPP

Mailing Address 14514 CAROLCREST ST

City	State	Zip Code
HOUSTON	TX	77079-6508

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FARMERS INSURANCE EXCHANGE	SR CLAIMS ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA92859

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	147.43
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. ERIK J SNIKERIS		Date of Receipt
Mailing Address 1921 CHALK ROCK COVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
AUSTIN	TX	78735
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92860
FARMERS GROUP INC	VP SERVICE OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="630.00"/>	<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) B. TERRYLE E SORENSEN		Date of Receipt
Mailing Address 902 BRIDGE WALK CT SE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
ADA	MI	49301
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92866
FARMERS GROUP INC	FUNCTIONAL OPERATIONS MAN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) C. KENNETH W SOVEY		Date of Receipt
Mailing Address 107 KITE STREET		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAKEWAY	TX	78734
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA92867
FARMERS INSURANCE EXCHANGE	CLAIMS SPEC REP PROP	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="332.28"/>	<input type="text" value="18.46"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="73.46"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 129 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. CHANDA SPERRY

Mailing Address 421 HORSEBACK HOLLOW

City State Zip Code
 AUSTIN TX 78732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC VP SERVICE OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 458.10

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92868

Amount of Each Receipt this Period
 25.70

Full Name (Last, First, Middle Initial)
B. GREGORY A SPURLOCK

Mailing Address 27605 AVE DEL MESA

City State Zip Code
 RNCH PALOS VERDES CA 90275-1002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC VP FINANCE OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92869

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. SCOTT R ST JOHN

Mailing Address 2310 MEADOWSHIRE RD

City State Zip Code
 GALENA OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE DIR CLAIMS FIELD OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 663.48

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92871

Amount of Each Receipt this Period
 37.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) A. CHRISTINE D STANTON		Date of Receipt
Mailing Address 8925 KETCH RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLAIN CITY	OH	43064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92872
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	SITE MANAGER	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. TIMOTHY D STOCKMAN		Date of Receipt
Mailing Address 403 HEIMER ROAD #109		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN ANTONIO	TX	78232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92874
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS INSURANCE EXCHANGE	FIELD CLAIMS SUPERVISOR	<input type="text" value="19.06"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="339.18"/>	

Full Name (Last, First, Middle Initial) C. PAUL T STRANSKY		Date of Receipt
Mailing Address 2143 PEPPERIDGE TRAIL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
BRIGHTON	MI	48114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92875
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	AVP GOVT AFFAIRS	<input type="text" value="33.35"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="593.34"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="72.41"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. JIM W SWOPE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 13 FIRESIDE		Transaction ID : INCA92880
City MCLENDON CHISHOLM	State TX	Zip Code 75032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.72
Name of Employer FARMERS GROUP INC	Occupation HEAD OF TERRITORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 477.78	

Full Name (Last, First, Middle Initial) B. AUDREY SYLVAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 3 BINGHAM COURT		Transaction ID : INCA92881
City BRATENAHL	State OH	Zip Code 44108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.03
Name of Employer FARMERS GROUP INC	Occupation HEAD OF PRODUCT MGMT - FA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1998.54	

Full Name (Last, First, Middle Initial) C. JAMES C TAYLOR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 756 HAVERFORD AVE		Transaction ID : INCA92883
City PACIFIC PALISAD	State CA	Zip Code 90272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.38
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation CHIEF CLAIMS COMPLIANCE O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 758.40	

SUBTOTAL of Receipts This Page (optional).....▶	182.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. MARK J TESTA

Mailing Address 783 AZURE HILLS DR

City State Zip Code
 SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC VP COMML BUS INS IA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92884

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. ANNETTE K THOMPSON

Mailing Address 683 SEDGEWORTH COURT

City State Zip Code
 SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC SVP CHIEF LEARNING OFFICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 573.78

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92887

Amount of Each Receipt this Period
 32.19

Full Name (Last, First, Middle Initial)
C. MARK S TOOHEY

Mailing Address 2424 SPRINGBROOK

City State Zip Code
 THOUSAND OAKS CA 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF POLITICAL ACTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 09 / 30 / 2014

Transaction ID : INCA92896

Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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Full Name (Last, First, Middle Initial) A. DAVID A TRAVERS		Date of Receipt										
Mailing Address 22212 OLD FOSSIL ROAD		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
City	State	Zip Code										
SAN ANTONIO	TX	78261										
FEC ID number of contributing federal political committee.		Transaction ID : INCA92898										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		96.56										
Name of Employer	Occupation											
FARMERS GROUP INC	CHIEF OPERATIONS OFFICER											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1721.22											

Full Name (Last, First, Middle Initial) B. NANCY H TREUL		Date of Receipt										
Mailing Address 2960 OVERLOOK SUMMIT SE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
City	State	Zip Code										
GRAND RAPIDS	MI	49546										
FEC ID number of contributing federal political committee.		Transaction ID : INCA92899										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
FARMERS GROUP INC	SVP SERVICE OPERATIONS											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.00											

Full Name (Last, First, Middle Initial) C. RUDOLFO C TREVINO		Date of Receipt										
Mailing Address 4110 MOORE ST		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
09	/	30	/	2014								
City	State	Zip Code										
LOS ANGELES	CA	90066										
FEC ID number of contributing federal political committee.		Transaction ID : INCA92900										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		48.21										
Name of Employer	Occupation											
FARMERS GROUP INC	VP CHIEF COMPLIANCE OFFIC											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	859.32											

SUBTOTAL of Receipts This Page (optional).....▶	169.77
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 134 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. MICHAEL TUMPANE

Mailing Address 5632 JAMES AVE. S

City State Zip Code
 MINNEAPOLIS MN 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC AREA SALES MANAGER II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92902

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. KIRK C TWEEDY

Mailing Address 2550 PARKCREST WAY

City State Zip Code
 ROSEVILLE CA 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS GROUP INC HEAD OF TERRITORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 681.48

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92904

Amount of Each Receipt this Period
 38.35

Full Name (Last, First, Middle Initial)
C. STACEY UPSON

Mailing Address 11392 BELMONT LAKE DR #102

City State Zip Code
 LAS VEGAS NV 89135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FARMERS INSURANCE EXCHANGE MANAGING ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 417.23

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92905

Amount of Each Receipt this Period
 34.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 OF 146
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. JASON P VAN NORMAN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 7607 SPATTERDOCK DR		Transaction ID : INCA92906										
City BOYNTON BEACH	State FL	Zip Code 33437										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 82.23											
Name of Employer FARMERS GROUP INC	Occupation NETWORK SUBJECT MATTER EX											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.43											

Full Name (Last, First, Middle Initial) B. MICHAEL G VARNEY		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 2312 LIBERTY CT		Transaction ID : INCA92907										
City EAGLEVILLE	State PA	Zip Code 19403										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00											
Name of Employer FARMERS GROUP INC	Occupation LIFE MARKETING MGR											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00											

Full Name (Last, First, Middle Initial) C. PETER VILES		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 1520 MICHAEL LANE		Transaction ID : INCA92908										
City PACIFIC PALISADES	State CA	Zip Code 90272-2021										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00											
Name of Employer FARMERS GROUP INC	Occupation HEAD OF INTERNAL COMMUNIC											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00											

SUBTOTAL of Receipts This Page (optional).....▶	82.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. TERRANCE W VOTEL		Date of Receipt
Mailing Address 12835 DOVER DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
APPLE VALLEY	MN	55124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92909
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS INSURANCE EXCHANGE	DIV SUPV ATTY BRNCH LEGAL	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="540.00"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM D WALRATH		Date of Receipt
Mailing Address 1816 KIRSTEN LEE DR.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
WESTLAKE VILLAGE	CA	91361
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92911
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	HEAD OF TERRITORY	<input type="text" value="33.26"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="592.86"/>	

Full Name (Last, First, Middle Initial) C. GARY A WAVERING		Date of Receipt
Mailing Address 1292 PORTILLO LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAKE ARROWHEAD	CA	92352
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA92914
Name of Employer	Occupation	Amount of Each Receipt this Period
FARMERS GROUP INC	CORPORATE TAX MGR	<input type="text" value="34.27"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="609.90"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="97.53"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. STEVEN H WEINSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11988 WOOD RANCH ROAD
 City GRANADA HILLS State CA Zip Code 91344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation HEAD GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92915
 Amount of Each Receipt this Period
 50.00

B. ROBERT J WESHOLSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2919 MEADOW BLUFF DR NW
 City GRAND RAPIDS State MI Zip Code 49504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation POSTAL COMPLIANCE DIRECTO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92917
 Amount of Each Receipt this Period
 15.00

C. CLARE WIGGINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 CRESTOVER RD
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMERS GROUP INC Occupation DIRECT MARKETING CONSULT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : INCA92924
 Amount of Each Receipt this Period
 18.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. BOBBY G WILLIAMS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 21910 LEGEND POINT DR		Transaction ID : INCA92926										
City SAN ANTONIO	State TX	Zip Code 78258										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.82										
Name of Employer FARMERS GROUP INC	Occupation LIFE AND FINANCIAL SALES											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.90											

Full Name (Last, First, Middle Initial) B. DAVID WILLIAMS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 8377 ALLEGHENY GROVE BLVD		Transaction ID : INCA92927										
City VICTORIA	State MN	Zip Code 55386										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer FARMERS GROUP INC	Occupation HD OF CONSUMER STRATEGY R											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00											

Full Name (Last, First, Middle Initial) C. JOHN M WITTMAN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2014								
Mailing Address 409 SW 13TH ST		Transaction ID : INCA92930										
City OAK GROVE	State MO	Zip Code 64075-8500										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.29										
Name of Employer FARMERS INSURANCE EXCHANGE	Occupation FIELD CLAIMS MANAGER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.68											

SUBTOTAL of Receipts This Page (optional).....▶	56.11
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. JOSEPH P WOLONSKY		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 Transaction ID : INCA92931
Mailing Address 170 WEST JANSS ROAD City THOUSAND OAKS State CA Zip Code 91360		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C	Name of Employer Occupation FARMERS INSURANCE EXCHANGE LITIGATION ATTORNEY SR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. JERRY R WORKMAN		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 Transaction ID : INCA92932
Mailing Address 108 KILKERRAN LANE City PELHAM State AL Zip Code 35124		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C	Name of Employer Occupation FARMERS GROUP INC DIRECTOR GOVERNMENT & IND	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. STEVE E ZIMMERMAN		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 Transaction ID : INCA92936
Mailing Address 5488 CASE DR. SW City WYOMING State MI Zip Code 49418		Amount of Each Receipt this Period 12.66
FEC ID number of contributing federal political committee. C	Name of Employer Occupation FARMERS GROUP INC COMML CUSTOMER SVC MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.94	

SUBTOTAL of Receipts This Page (optional).....▶	52.66
TOTAL This Period (last page this line number only).....▶	12327.38

**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. DENNY HECK FOR CONGRESS

Mailing Address P.O. BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement

011

Category/
Type

Candidate Name

DENNIS HECK

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : EXPB90937

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement

011

Category/
Type

Candidate Name

CHERI BUSTOS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : EXPB90939

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DENNIS ROSS

Mailing Address 133 SOUTH HARBOR DR

City VENICE State FL Zip Code 34285

Purpose of Disbursement

011

Category/
Type

Candidate Name

DENNIS ROSS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : EXPB90940

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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**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. FRIENDS OF DON BEYER

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

DON BEYER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : EXPB90934

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARK State ND Zip Code 58502

Purpose of Disbursement

011

Category/
Type

Candidate Name

HEIDI HEITKAMP

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : EXPB90941

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST. STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : EXPB90935

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

**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. RODNEY FOR CONGRESS

Mailing Address P.O. BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement

011

Category/
Type

Candidate Name

RODNEY L. DAVIS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : EXPB90942

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DR

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

STEVE STIVERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : EXPB90938

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ZINKE FOR CONGRESS

Mailing Address P.O. BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

RYAN K. ZINKE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : EXPB90936

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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**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. BUCK FOR COLORADO

Mailing Address P.O. BOX 338018

City State Zip Code
GREELEY CO 80933

Purpose of Disbursement

011

Category/
Type

Candidate Name

KENNETH BUCK

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	4

Transaction ID : EXPB91835

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. EMPIRE POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 15033

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	4

Transaction ID : EXPB91834

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARROW

Mailing Address PO BOX 1001

City State Zip Code
Augusta GA 30903

Purpose of Disbursement

011

Category/
Type

Candidate Name

JOHN J, BARROW

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	4

Transaction ID : EXPB91839

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

6	5	0	0	.	0	0
---	---	---	---	---	---	---

**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. GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : EXPB91837

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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
09 / 18 / 2014

Transaction ID : EXPB91840

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement

011

Category/
Type

Candidate Name

GWEN S. MOORE

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : EXPB91841

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

**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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Full Name (Last, First, Middle Initial)

A. SCHNEIDER FOR CONGRESS

Mailing Address PO BOX 1318

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

BRADLEY SCHNEIDER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 18 / 2014

Transaction ID : EXPB91836

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SHERMAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST., STE. 4050

City State Zip Code
LOS ANGELES CA 90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

BRAD SHERMAN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 18 / 2014

Transaction ID : EXPB91838

Amount of Each Disbursement this Period

3000.00

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

4000.00

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

32000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB91838

DEBT RETIREMENT

Form/Schedule:

Transaction ID: