

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

Check if different than previously reported. (ACC) SAN RAFAEL CA 94901

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C C00135681 **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 M / D 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 M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2017 through M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2017

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

NIELSEN JR., VIGO G., , ,

Type or Print Name of Treasurer _____

Signature of Treasurer NIELSEN JR., VIGO G., , , *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 02 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		57662.67
(b) Cash on Hand at Beginning of Reporting Period.....	57662.67	
(c) Total Receipts (from Line 19)	19167.65	19167.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76830.32	76830.32
7. Total Disbursements (from Line 31).....	13500.00	13500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	63330.32	63330.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	745.04	745.04
(ii) Unitemized	18422.61	18422.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19167.65	19167.65
(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)	19167.65	19167.65
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	0.00
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)).....▶	19167.65	19167.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19167.65	19167.65

DETAILED SUMMARY PAGE

of Disbursements

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.....	13500.00	13500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	13500.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	13500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	19167.65	19167.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19167.65	19167.65
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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DUNMOYER, DAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4230 GUILDFORD COURT

City SACRAMENTO	State CA	Zip Code 95864
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF GOVERNMENT AND IN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 328.00

Date of Receipt
 01 / 13 / 2017
Transaction ID : INCA129246

Amount of Each Receipt this Period
 164.00

Memo Item

B. SMITH, ROY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 978 WEST CREEK LANE # 249

City WESTLAKE VILLAGE	State CA	Zip Code 91362
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PRESIDENT OF PERSONAL LIN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 01 / 13 / 2017
Transaction ID : INCA129637

Amount of Each Receipt this Period
 105.00

Memo Item

C. SYLVAN, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 BINGHAM COURT

City BRATENAHL	State OH	Zip Code 44108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) TERRITORY PRODUCT LEAD -
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 207.04

Date of Receipt
 01 / 13 / 2017
Transaction ID : INCA129668

Amount of Each Receipt this Period
 103.52

Memo Item

SUBTOTAL of Receipts This Page (optional).....	372.52
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 10
<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. DUNMOYER, DAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4230 GUILDFORD COURT
 City SACRAMENTO State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF GOVERNMENT AND IN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 328.00

Date of Receipt 01 / 27 / 2017
Transaction ID : INCA129927
 Amount of Each Receipt this Period 164.00
 Memo Item

B. SMITH, ROY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 978 WEST CREEK LANE # 249
 City WESTLAKE VILLAGE State CA Zip Code 91362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PRESIDENT OF PERSONAL LIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 27 / 2017
Transaction ID : INCA129777
 Amount of Each Receipt this Period 105.00
 Memo Item

C. SYLVAN, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 BINGHAM COURT
 City BRATENAHL State OH Zip Code 44108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) TERRITORY PRODUCT LEAD -
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 207.04

Date of Receipt 01 / 27 / 2017
Transaction ID : INCA130309
 Amount of Each Receipt this Period 103.52
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	372.52
TOTAL This Period (last page this line number only).....	745.04

**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"/> 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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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. CALIFORNIA REPUBLICAN PARTY FEDERAL ACCT

Date of Disbursement: / /

Mailing Address: 1121 L STREET, SUITE 207

City: SACRAMENTO State: CA Zip Code: 95814

Purpose of Disbursement: VOID CHECK ORIGINALLY ISSUED 1/25/16

Candidate Name: COMMITTEE, POLITICAL PARTY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C** C00140590
Transaction ID : EXPB129095
 Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
B. AMERICAN INSURANCE ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement: / /

Mailing Address: 555 12TH STREET, NW, SUITE 550

City: WASHINGTON State: DC Zip Code: 20004

Purpose of Disbursement:

Candidate Name: COMMITTEE, GENERAL PURPOSE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C** C00103143
Transaction ID : EXPB129096
 Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
C. CARLOS CURBELO CONGRESS

Date of Disbursement: / /

Mailing Address: 8724 SW 72ND STREET

City: Miami State: FL Zip Code: 33173

Purpose of Disbursement:

Candidate Name: CURBELO, CARLOS, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 26

FEC Identification Number: **C** C00546846
Transaction ID : EXPB129097
 Amount of Each Disbursement this Period:
 Memo Item

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

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"/> 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. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

011

Category/Type

Candidate Name
HEITKAMP, HEIDI, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2017

FEC Identification Number

C00505552

Transaction ID : EXPB129098

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION PAC

Mailing Address 700 13TH STREET, NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Category/Type

Candidate Name
COMMITTEE, GENERAL PURPOSE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2017

FEC Identification Number

C00409730

Transaction ID : EXPB129099

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name
COMMITTEE, POLITICAL PARTY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2017

FEC Identification Number

C00075820

Transaction ID : EXPB129100

Amount of Each Disbursement this Period

7500.00

Memo Item

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

12500.00

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"/> 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

A. RODNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement 011 Category/Type

Candidate Name
DAVIS, RODNEY L., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 13

Date of Disbursement: 01 / 18 / 2017

FEC Identification Number: C C00521948
Transaction ID : EXPB129101
Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	13500.00