

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

3. IS THIS REPORT NEW OR AMENDED (N) (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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 09/01/2016 through 09/30/2016

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

Type or Print Name of Treasurer

Signature of Treasurer LIM, DARRIN, , , [Electronically Filed] Date 10/10/2016

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)

Page 2

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="2016"/>		69449.79
(b) Cash on Hand at Beginning of Reporting Period.....	46333.39	
(c) Total Receipts (from Line 19) .....	40093.53	211698.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	86426.92	281147.92
7. Total Disbursements (from Line 31).....	81737.07	276458.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4689.85	4689.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	33991.33	107634.57
(ii) Unitemized .....	6102.20	94505.49
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	40093.53	202140.06
(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) .....	40093.53	202140.06
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	9558.07
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)).....▶	40093.53	211698.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40093.53	211698.13

**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 .....	9537.07	9558.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9537.07	9558.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72200.00	266900.00
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)) ..	81737.07	276458.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81737.07	276458.07

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40093.53	202140.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40093.53	202140.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9537.07	9558.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9537.07	9558.07

**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 180
	<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**

**A. ASHE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 E WARM SPRING #105  
 City LAS VEGAS State NV Zip Code 89119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMER GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : INCA123906**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. BAKER, BART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29169 HEATHERCLIFF #208  
 City MALIBU State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : INCA123907**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. DRAKULICH, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 N MCCARRAN BLVD  
 City SPARKS State N Zip Code 89431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : INCA123908**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<b>TOTAL</b> 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 180
	<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. FORMICO, MARTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2695 MOORPARK AVE., #201

City SAN JOSE	State CA	Zip Code 95128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 07 / 2016

**Transaction ID : INCA123909**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. GARABET, NAJI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 E COLORADO BLVD

City PASADENA	State CA	Zip Code 91107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 07 / 2016

**Transaction ID : INCA123910**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C. HAUGLIE, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33410 REDMOND-FALL CITY RD., SE

City FALL CITY	State WA	Zip Code 98024
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 07 / 2016

**Transaction ID : INCA123911**

Amount of Each Receipt this Period  
 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> 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 180
	<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. HERZOG, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 235 MAIN ST

City PLEASANTON	State CA	Zip Code 94566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2016

**Transaction ID : INCA123912**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. MCCULLOCH, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17030 SW PILKINGTON

City LAKE OSWEGO	State OR	Zip Code 97035
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2016

**Transaction ID : INCA123913**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. ROE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 E FOOTHILL BLVD

City SAN DIMAS	State CA	Zip Code 91773
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2016

**Transaction ID : INCA123914**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 9 OF 180
<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**

**A. SCHLEHUBER, SAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 N CENTRAL EXPRESSWAY #903

City DALLAS	State TX	Zip Code 75231
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 07 / 2016

**Transaction ID : INCA123915**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. SCHNIDER, RICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2829 S RAINBOW BLVD

City LAS VEGAS	State NV	Zip Code 89146
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 07 / 2016

**Transaction ID : INCA123916**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. SHRIVER, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5555 TECH CENTER #110

City COLORADO SPRINGS	State CO	Zip Code 80919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 07 / 2016

**Transaction ID : INCA123917**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 180
	<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. VILLAREAL, NORMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10213 N 10TH ST., #B  
 City MCALLEN State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : INCA123918**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. WALLACE, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13140 N MACARTHUR BLVD  
 City OKLAHOMA CITY State OK Zip Code 73142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : INCA123919**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. WILSON, HAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16516 BERNARDO CENTER DR., #150  
 City SAN DIEGO State CA Zip Code 92128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : INCA123920**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 180
	<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**

**A. ABRAMSON, MARC E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 SHERIDAN RD #1  
 City EVANSTON State IL Zip Code 60202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123283**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. ACOSTA-FRANCO, LUISA G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21021 ERWIN STREET # 441  
 City WOODLAND HILLS State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF RECRUITMENT MKTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123284**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. ALDREDGE, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF ADMINISTRATION OFFI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123287**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> 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 12 OF 180
	<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**

**A. ANDERSEN, STEVEN K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIRECTOR OF HOME OFFICE A
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 559.87

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123289**

Amount of Each Receipt this Period  
 30.31

Memo Item

**B. ANDERSON, ROBERT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5904 BLACKSTONE DR.

City ROCKLIN	State CA	Zip Code 95765
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) MARKETING CONS SR
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123291**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. BADGETT, LEEANN G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) FINANCIAL CONTROLLER, GLN
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 423.25

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123298**

Amount of Each Receipt this Period  
 23.08

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.39
<b>TOTAL</b> 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 13 OF 180
	<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. BAIR, JEFFREY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 COURTLAND STREET  
 City ROCKFORD State MI Zip Code 49341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF IA AND AFFINITY M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123299**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BALBIS, ANN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7120 NW 11 CT  
 City PLANTATION State FL Zip Code 33313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR FIN OPNS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123300**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. BALEY, CHARLES A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF SECURITY OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 699.16

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123301**  
 Amount of Each Receipt this Period 38.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.04
<b>TOTAL</b> 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 14 OF 180
	<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. BARTALO, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 559 STRUTHERS RANCH RD  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD HR BUSINESS PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123306**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. BIGELOW, MICHAEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6269 EGYPT VALLEY AVE NE  
 City ROCKFORD State MI Zip Code 49341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PRINT & DOCUMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123315**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. BOAM, DEBORAH L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4005 DOMINION CV  
 City AUSTIN State TX Zip Code 78759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ZONE - IA DISTRIB  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123321**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 180
	<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. BONNEY, CARRIE B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4491 VIA ARANDANA  
 City CAMARILLO State CA Zip Code 93012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) MEDIA RELATIONS & ISSUES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123324**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. BOOI, JEFFREY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2288 W BIPPLEY RD  
 City LAKE ODESSA State MI Zip Code 48849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ACCOUNT EXECUTIVE II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 657.85

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123325**  
 Amount of Each Receipt this Period 35.49  
 Memo Item

**C. BOSHOVEN, STEPHEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) PRESIDENT OF FOREMOST BRA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123326**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.49
<b>TOTAL</b> 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 16 OF 180
	<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. BOWSER, KIMBERLY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1155 CROYDEN RD  
 City LYNDHURST State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) TERRITORY PRODUCT LEAD-SE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123327**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. BRADDOCK, JOHN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PUBLIC POLICY RES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 787.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123329**  
 Amount of Each Receipt this Period 42.68  
 Memo Item

**C. BROOKS, TODD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4613 MIRA DEL SOL  
 City CASTLE ROCK State CO Zip Code 80104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123332**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.68
<b>TOTAL</b> 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 180
	<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. BROWN, DARRELL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 UNITY DR  
 City LEANDER State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DISTRIBUTION COMPLIANCE D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 559.34

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123335**  
 Amount of Each Receipt this Period 30.38  
 Memo Item

**B. BROWN, MARTIN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2684 MEADOWRIDGE  
 City BYRON CENTER State MI Zip Code 49315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) FOREMOST GEN COUNSEL & HE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123338**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BURDETTE, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28783 CANYON OAK  
 City HIGHLAND State CA Zip Code 92346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CU CRE LOAN SERVICING MAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123346**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.38
<b>TOTAL</b> 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 18 OF 180
	<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. BURTCH, DOUGLAS R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12952 PLANTERS CREEK CIR. S.  
 City JACKSONVILLE State FL Zip Code 32224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF REGIONAL SALES -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123350**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. CARNI, FRANK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 BRECKENRIDGIE PL.  
 City SIMI VALLEY State CA Zip Code 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF AUTO CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 359.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123357**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. CAWLEY, MARK C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ACADEMY LANE  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SR CORPORATE COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.13

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123362**  
 Amount of Each Receipt this Period 27.80  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.80  
**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 180
	<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. CHISHOLM, JOHN T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2122 TORRANCE ST  
 City SIMI VALLEY State CA Zip Code 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR ADVERTISING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123369**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. CHOATE, CYNTHIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4572 N AVENIDA DEL CAZADOR  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123370**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. CLARK, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 CANTERBURY COURT  
 City OXFORD State PA Zip Code 19363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) GLOBAL HEAD OF NETWORK SE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123372**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**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 180
	<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. COMPAN, ROBERT L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) MANAGER II-GOVERNMENT AND
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 494.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016

**Transaction ID : INCA123379**

Amount of Each Receipt this Period  
 26.00

Memo Item

**B. COOK, JEREMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 SASSAFRAS WAY

City OAK PARK	State CA	Zip Code 91377
------------------	-------------	-------------------

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 ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016

**Transaction ID : INCA123382**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. COOPER, RANDALL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 670 ISLAND WAY, #504

City CLEARWATER	State FL	Zip Code 33767
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF LIFE FIELD OPERAT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 697.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016

**Transaction ID : INCA123383**

Amount of Each Receipt this Period  
 37.88

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.88
<b>TOTAL</b> 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 21 OF 180
	<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. COVERT, TERRI S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21201 KITTRIDGE STREET UNIT 4304

City WOODLAND HILLS	State CA	Zip Code 91303
------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD HR BUSINESS PARTNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123385**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. CROSETTI, PAUL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21600 SAN JOSE ST.

City CHATSWORTH	State CA	Zip Code 91311
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF SALES & AGENCY MA
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 665.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123387**

Amount of Each Receipt this Period  
 35.00

Memo Item

**C. CUSACK, MARK T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1975 TIMBER TR SE

City ADA	State MI	Zip Code 49301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF LEARNING & DEVELO
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123393**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 22 OF 180
	<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. DAHINDEN, GREGORY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20600 SW KAWANDA CT  
 City TUALATIN State OR Zip Code 97062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BUSINESS UNIT COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.41

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123394**  
 Amount of Each Receipt this Period 21.85  
 Memo Item

**B. DALY, KEITH G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) CHIEF CLAIMS OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123395**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. DAVENPORT, JAMES E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2489 34TH AVE NE  
 City ISSAQUAH State WA Zip Code 98029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CFO FARMERS LIFE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123397**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.85
<b>TOTAL</b> 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 23 OF 180
	<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. DAVIS, DIANE C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32706 SE 76TH STREET

City FALL CITY	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF IN-FORCE MANAGEME
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123399**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. DECKER, KIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11904 BLUE WAY AVE

City OKLAHOMA CITY	State OK	Zip Code 73162
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIRECTOR GOVERNMENT & IND
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1145.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123402**

Amount of Each Receipt this Period  
 65.00

Memo Item

**C. DENIS, PATTI C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6710 VARIEL # 106

City CANOGA PARK	State CA	Zip Code 91303
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) DIRECTOR, BUSINESS RELATI
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123405**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> 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 180
	<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. DORNFELD, MICHELLE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12320 MILBANK STREET

City STUDIO CITY	State CA	Zip Code 91604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HD OF BUS INTEGRATION & F
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123413**

Amount of Each Receipt this Period  
 15.00

Memo Item

**B. DOUGHERTY, GUY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 951 FIRESTONE CIRCLE

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

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIR COMML PRODUCT MGMT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 638.48

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123414**

Amount of Each Receipt this Period  
 34.68

Memo Item

**C. DOWNER-RICKETTS, KAREN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 GLENVIEW DR. SE

City GRAND RAPIDS TOWNS	State MI	Zip Code 49506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF ZONE - IA DISTRIB
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 519.30

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123416**

Amount of Each Receipt this Period  
 28.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.98
<b>TOTAL</b> 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 180
	<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. DROUBAY, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 191ST ST SW

City LYNNWOOD	State WA	Zip Code 98036
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PROGRAM MANAGER II
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123419**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. DUKES, AMY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13705 BOND ST

City OVERLAND PARK	State KS	Zip Code 66221
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) BU COMPLIANCE DIRECTOR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123420**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. 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
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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 ▼  
 3062.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123421**

Amount of Each Receipt this Period  
 164.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.00
<b>TOTAL</b> 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 180
	<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. DUNN, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20207 PIEDRA CHICA ROAD  
 City MALIBU State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FARMERS PROCUREME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123422**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. DYVINIAK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9280 100TH STREET SE  
 City ALTO State MI Zip Code 49302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF MATERIAL DISTRIBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123426**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. EASTON, DWIGHT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6645 LINDA-VISTA BL  
 City MISSOULA State MT Zip Code 59803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PUBLIC POLICY RESEARCH MA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.78

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123427**  
 Amount of Each Receipt this Period 20.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.30
<b>TOTAL</b> 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 27 OF 180
	<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. ENGEL, ALLEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14909 WALMER ST  
 City OVERLAND PARK State KS Zip Code 66223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SENIOR AUDIT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123432**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. EVANS, PATRICIA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1641 VISTA DRIVE  
 City GLENDALE State CA Zip Code 91201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PLANNING & PERFOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123435**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. FALLIS, MARK G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 WELLS DRIVE  
 City PLANO State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) TERRITORY TRAINING MANAGE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 441.85

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123436**  
 Amount of Each Receipt this Period 24.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.00
<b>TOTAL</b> 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 28 OF 180
	<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. FELKS, TIMOTHY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 357 CHERRY HILLS COURT  
 City NEWBURY PARK State CA Zip Code 91320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF PROPERTY CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123438**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. FELTON, JOHN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2804 BRECKENRIDGE CIR  
 City AURORA State IL Zip Code 60504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HIGH EXPOSURE ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123439**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. FENU, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16101 WHITE RIVER BLVD APT 18-106  
 City PFLUGERVILLE State TX Zip Code 78660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SERVICE OPERATIONS DIRECT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123440**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 29 OF 180
	<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. FERNANDEZ, SHARON R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10530 PEMBRIAR CIRCLE

City SAN ANTONIO	State TX	Zip Code 78240
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PRESIDENT BRISTOL WEST
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1079.81

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123443**

Amount of Each Receipt this Period  
 60.58

Memo Item

**B. FERRENDELLI, J D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5382 PARKMOR ROAD

City CALABASAS	State CA	Zip Code 91302
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PL FINANCE & PL P
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123444**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. FITZPATRICK, BRIAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27701 SE 26TH WAY

City SAMMAMISH	State WA	Zip Code 98075
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF LIFE FIELD OPERAT
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123449**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.58
<b>TOTAL</b> 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 30 OF 180
	<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. FOLEY, PAUL F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FINANCE - BRISTOL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123450**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. FORMICHELLI, FRANCO R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8160 BELLE VERNON  
 City NOVELTY State OH Zip Code 44072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BRISTOL WEST SERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123451**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. FOURNELL, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF AGENCY MARKETING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123453**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 180
	<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. FOX, HILARY B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 SAINT MARIE STREET  
 City SHOREVIEW State MN Zip Code 55126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SUPERVISING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123454**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. FREELIN, HEATHER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1504 CHESTNUT AVE.  
 City MANHATTAN BEACH State CA Zip Code 90266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CORPORATE LITIGATION SUPE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.44

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123457**  
 Amount of Each Receipt this Period 37.34  
 Memo Item

**C. GALITSKI, FRANK V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR GOVERNMENT AFFAI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 431.19

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123460**  
 Amount of Each Receipt this Period 23.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.68
<b>TOTAL</b> 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 32 OF 180
	<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. GANNON, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3713 RIVERWOOD RD.  
 City ALEXANDRIA State VA Zip Code 22309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FEDERAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 856.90

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123464**  
 Amount of Each Receipt this Period 45.10  
 Memo Item

**B. GARDNER, DANIEL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23913 MOBILE ST  
 City WEST HILLS State CA Zip Code 91307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CORPORATE LITIGATION SUPE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123465**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. GERLACK, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19525 LAUREL AVE  
 City ROCKY RIVER State OH Zip Code 44116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SPECIAL CORPORATE COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123468**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.10
<b>TOTAL</b> 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 180
	<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. GILMARTIN, MICHAEL P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1035 OTTAWA DR  
 City CLAREMONT State CA Zip Code 91711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) MARKETING CONS I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 309.50

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123469**  
 Amount of Each Receipt this Period 16.64  
 Memo Item

**B. GRUBB, DENISE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SERVICE OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 778.96

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123483**  
 Amount of Each Receipt this Period 42.24  
 Memo Item

**C. GUERRA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20600 VENTURA BLVD # 2640  
 City WOODLAND HILLS State CA Zip Code 91364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF CLAIMS BAU IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123484**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.88  
**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 34 OF 180
	<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. GUERRIER, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 S SEDONA LANE

City ANAHEIM HILLS	State CA	Zip Code 92808
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF INFORMATION OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123485**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. GULLAGE, DEREK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11038 LANDALE STREET

City NORTH HOLLYWOOD	State CA	Zip Code 91602
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF REINSURANCE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123486**

Amount of Each Receipt this Period  
 40.00

Memo Item

**C. HACKLING, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3830 RIDGE POINT DR

City SUWANEE	State GA	Zip Code 30024
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF ZONE FIELD OPERAT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123488**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 35 OF 180
	<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. HALLIGAN, DENNIS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16300 WYNSTONE LN  
 City AUSTIN State TX Zip Code 78717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) STAFF CLAIMS MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123493**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. HAMM, CHRISTOPHER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14009 BLACK ROCK CIR  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PL PRODUCT MANAGER SENIOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123496**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. HARM, THERESA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2614 PENNLN DR  
 City BOOTHWYN State PA Zip Code 19061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF 21ST FINANCIAL PL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123500**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**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 36 OF 180
<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. HARRIS, OCTAVIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3040 FALCONHILL DR

City APOPKA	State FL	Zip Code 32712
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) SUPV FLD CLAIMS LIABILITY
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 246.33

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123502**

Amount of Each Receipt this Period  
 13.38

Memo Item

**B. HARTLEY, KATHLEEN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 GREENWICH RD

City GLENDALE	State CA	Zip Code 91206
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PROJECT MANAGER IV
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.94

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123504**

Amount of Each Receipt this Period  
 19.06

Memo Item

**C. HARTSUYKER, CRAIG L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1356 HARMONY COURT

City THOUSAND OAKS	State CA	Zip Code 91362
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) REGIONAL HEAD OF CLAIMS L
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123505**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52.44
<b>TOTAL</b> 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 180
	<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. HAYDEN, KERRY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) MANAGER II-GOVERNMENT AND
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 346.09

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123510**

Amount of Each Receipt this Period  
 18.89

Memo Item

**B. HAYES, JANET L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14401 NORWOOD ST.

City LEAWOOD	State KS	Zip Code 66224
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF AUTO ZONE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123511**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. HELTON, BARRY B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 OVERTON DR

City PARKER	State TX	Zip Code 75002
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123515**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.89
<b>TOTAL</b> 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 180
	<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. HENLE, JOHN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1719 271ST AVENUE SE

City SAMMAMISH	State WA	Zip Code 98075
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF LIFE DISTRIBUTION
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 825.98

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123518**

Amount of Each Receipt this Period  
 45.19

Memo Item

**B. HENRY, DARYN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11235 S LEWIS DR

City OLATHE	State KS	Zip Code 66061
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF SERVICE OPERATION
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123519**

Amount of Each Receipt this Period  
 30.00

Memo Item

**C. HERTER, MARK W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 929 MULLAGHBOY RD

City GLENDDORA	State CA	Zip Code 91741
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CREDIT UNION CHIEF EXECUT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123521**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.19
<b>TOTAL</b> 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 180
	<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. HILDNER, NATHAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13954 BEAR FENCE CT.  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SALES INCENTIVES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 459.80

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123525**  
 Amount of Each Receipt this Period 24.20  
 Memo Item

**B. HOLLENBECK, RODNEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15829 S E 47TH PLACE  
 City BELLEVUE State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123532**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. HOWARD, ROBERT P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29236 BERNARDO WAY  
 City VALENCIA State CA Zip Code 91354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF CLAIMS SHARED SER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123536**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.20
<b>TOTAL</b> 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 180
<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**

**A. HUDSON, KENNETH D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6302 CONNIE LANE  
 City COLLEYVILLE State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIR CLAIMS FIELD OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 663.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123537**  
 Amount of Each Receipt this Period 36.02  
 Memo Item

**B. HUNTER, KELLY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1622 GRISMER AVE APT M  
 City BURBANK State CA Zip Code 91504-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SR. COMPLIANCE SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123541**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. HUNTER, ROBERT B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 GLENARM PLACE APT 2401  
 City DENVER State CO Zip Code 80202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123542**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	66.02
<b>TOTAL</b> 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 41 OF 180
	<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. HUTCHINSON, CAROL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2573 CADES COVE  
 City BRIGHTON State MI Zip Code 48114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) MANAGER II-GOVERNMENT AND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123543**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. HUYSER, JULIE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7921 SERENITY DR  
 City MIDDLEVILLE State MI Zip Code 49333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PL PRODUCT DEV MGR-HO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 419.79

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123544**  
 Amount of Each Receipt this Period 22.80  
 Memo Item

**C. INGHAM, JOHN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 421 W 3RD STREET # 1108  
 City AUSTIN State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BUSINESS INSURANC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123548**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.80
<b>TOTAL</b> 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 180
	<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. IRISH, TREVER D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7603 GEORGES RD  
 City FORT PIERCE State FL Zip Code 34951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS SUPERVISOR -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.79

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123549**  
 Amount of Each Receipt this Period 14.65  
 Memo Item

**B. JANDA, GERALD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1547 GUADALAJARA DR  
 City SAN JOSE State CA Zip Code 95120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) CLAIMS SPEC REP PROP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.50

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123553**  
 Amount of Each Receipt this Period 14.81  
 Memo Item

**C. JASINSKI, LISA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4323 BLACKWOOD ST  
 City NEWBURY PARK State CA Zip Code 91320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123554**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44.46
<b>TOTAL</b> 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 43 OF 180
	<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**

**A. JOHANNESON, WILLIAM K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18740 WILLOWTREE LANE

City NORTHRIDGE	State CA	Zip Code 91326
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PROPERTY & CASUAL
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123557**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. JOHNSON, DEXTER F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20600 VENTURA BLVD # 1533

City WOODLAND HILLS	State CA	Zip Code 91364
------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF SERVICE OPERATION
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123559**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. JOHNSON, RODNEY K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24200 N ALMA SCHOOL RD # 7

City SCOTTSDALE	State AZ	Zip Code 85255
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PL SVC OPS & BACK
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123560**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 180
	<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. JONES, KIMBERLEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 851 GRADA AVENUE  
 City CAMARILLO State CA Zip Code 93010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF APPLICATION TRANS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123562**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. KAPLAN, VLADIMIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16919 LORNE ST  
 City VAN NUYS State CA Zip Code 91406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CUSTOMER EXPERIENCE MANAG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123565**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. KAPPLER, ERIC E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 480 LANE DR.  
 City BAY VILLAGE State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BRISTOL WEST HEAD OF PROD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123566**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 180
	<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**

**A. KASCHALK, NATALIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 961 STERLING OAKS CT.

City OAK PARK	State CA	Zip Code 91377
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF PROCESS
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123567**

Amount of Each Receipt this Period  
 15.00

Memo Item

**B. KAY, ROBERT G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIRECTOR EXPANSION ZONE S
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123571**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. KELLY, EDWARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF NORTH AMERICAN NE
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123573**

Amount of Each Receipt this Period  
 40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 46 OF 180
	<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. KELLY, RYAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 LINK CT  
 City NEWBERG State OR Zip Code 97132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) CLAIMS SPEC REP LIABILITY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.73

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123574**  
 Amount of Each Receipt this Period 13.55  
 Memo Item

**B. KELLY, SHANNON L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PRODUCT MGMT-21ST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123575**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. KEPHART, GRETCHEN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3029 WOOD SPRINGS LANE  
 City ROUND ROCK State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF DIRECT SERVICE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123576**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.55
<b>TOTAL</b> 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 180
	<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. KILLIAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 CURTIS DR  
 City ROUND ROCK State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PL PRODUCT MANAGER-HO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123580**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. KITTS, SHAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14022 W 146TH ST  
 City OLATHE State KS Zip Code 66062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) MARKETING CONS SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123583**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. KLUTE, PETER A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 BATAAN ROAD  
 City REDONDO BEACH State CA Zip Code 90278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FINANCE OPERATION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123587**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 48 OF 180
	<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. KROUSE, JULIA K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5745 NEWBANK CIR #306  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123592**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. KUNI, JOEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33401 NE 78TH ST  
 City CARNATION State WA Zip Code 98014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ACTUARY FSA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 736.84

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123597**  
 Amount of Each Receipt this Period 39.95  
 Memo Item

**C. LEE, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 949 ELLESMERE WAY  
 City OAK PARK State CA Zip Code 91377  
 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 ▼ 570.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123610**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.95
<b>TOTAL</b> 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 49 OF 180
	<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. LEITNER, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1252 N MAR VISTA AVE  
 City PASADENA State CA Zip Code 91104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ENTERPRISE MARKET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.36

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123611**  
 Amount of Each Receipt this Period 41.34  
 Memo Item

**B. LEMAN, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1115 EVENSTAR AVE  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SALES AND LEAD OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123612**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. LEWIS, DANIEL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 KEYSTONE DR  
 City EL DORADO HILLS State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123616**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.34
<b>TOTAL</b> 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 180
	<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. LEWIS, MICHELE I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4047 MAURICE DR

City NEWBURY PARK	State CA	Zip Code 91320
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PROGRAM MANAGER I
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 531.34

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123617**

Amount of Each Receipt this Period  
 28.46

Memo Item

**B. LINDEMANN, JOHN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22435 SKYLAKE PLACE

City SANTA CLARITA	State CA	Zip Code 91390
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) MARKETING CONS SR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123619**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. LINDQUIST, SCOTT R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2797 RAINFIELD AVENUE

City WESTLAKE VILLAGE	State CA	Zip Code 91362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF FINANCIAL OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1425.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123620**

Amount of Each Receipt this Period  
 75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.46
<b>TOTAL</b> 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 51 OF 180
	<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. LINSTROM, HUGH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10948 AYRES AVENUE

City LOS ANGELES	State CA	Zip Code 90064
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF BUSINESS INSURANCE
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 358.56

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123621**

Amount of Each Receipt this Period  
 19.41

Memo Item

**B. LINTON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 FREDRICK AVENUE

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF MARKETING OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123622**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. LOEBIG, RORY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 RAINDANCE STREET

City THOUSAND OAKS	State CA	Zip Code 91360
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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 AGENCY MANAGER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 339.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123625**

Amount of Each Receipt this Period  
 10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49.41
<b>TOTAL</b> 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 180
	<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. LOMBARDI, CHARLES J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3234 FREEMAN ST  
 City SAN DIEGO State CA Zip Code 92106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) COMMERCIAL WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 316.59

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123626**  
 Amount of Each Receipt this Period 17.08  
 Memo Item

**B. LONGEWAY, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) DEPUTY HEAD OF PUBLIC POL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123627**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. LOSEY, JEFFREY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIR CLAIMS FIELD OPS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123630**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.08
<b>TOTAL</b> 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 53 OF 180
	<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. LOVE, ELAINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5390 BARRINGTON WAY

City SHOREWOOD	State MN	Zip Code 55331
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) MANAGER II-GOVERNMENT AND
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 364.94

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123632**

Amount of Each Receipt this Period  
 19.83

Memo Item

**B. LYONS, MICHELE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5073 TOPANGA CANYON BLVD

City WOODLAND HILLS	State CA	Zip Code 91364
------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) DIR CLAIMS FIELD OPS
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123638**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. MADDEN, TIMOTHY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3322 SOUTH SHAMROCK RD

City TAMPA	State FL	Zip Code 33629
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF PRODUCT OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123639**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.83
<b>TOTAL</b> 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 180
	<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. MANDAS, GEORGE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 704 RED OAK DR  
 City BARTLETT State IL Zip Code 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) COMMERCIAL WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123641**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. MANNING, SABRINA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 WOODLAND LOOP  
 City ROUND ROCK State TX Zip Code 78664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS SUPERVISOR -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.72

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123642**  
 Amount of Each Receipt this Period 19.33  
 Memo Item

**C. MCKENNA, MICHAEL K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4202 MISTY HOLLOW CT  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF INTERNAL AUDITING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 703.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123651**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.33
<b>TOTAL</b> 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 55 OF 180
	<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. MCLAUGHLIN, RAY P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12329 ARBOR HILL ST

City MOORPARK	State CA	Zip Code 93021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF BUS TECHNOLOGY TR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 237.50

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123654**

Amount of Each Receipt this Period  
 12.50

Memo Item

**B. MILES, CHARLES R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 TABER LN

City EDMOND	State OK	Zip Code 73003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CLAIMS CONTACT CENTER STA
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 342.41

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123662**

Amount of Each Receipt this Period  
 18.72

Memo Item

**C. MILLWARD, SCOTT M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3129 BUCKINGHAM RD

City GLENDALE	State CA	Zip Code 91206
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF LEARNING OFFICER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 644.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123665**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56.22
<b>TOTAL</b> 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 180
<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. MOOKERJEE, MEGHJIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SHENANDOAH DRIVE  
 City NEWARK State DE Zip Code 19711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PROGRAM MANAGER II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.81

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123668**  
 Amount of Each Receipt this Period 12.55  
 Memo Item

**B. MOORE, PHILIP M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1535 GAYWOOD DR  
 City ALTADENA State CA Zip Code 91001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BACK OFFICE OPERA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 824.54

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123669**  
 Amount of Each Receipt this Period 44.33  
 Memo Item

**C. MROZ, PENNY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PMO & PROD ADMIN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123677**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.88
<b>TOTAL</b> 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 180
	<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. MUELLER, JOHN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4044 CANYON GLEN CIRCLE

City AUSTIN	State TX	Zip Code 78732
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF SERVICE DELIVERY
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 578.67

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123678**

Amount of Each Receipt this Period  
 31.38

Memo Item

**B. MUETING, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2597 PALMWOOD CR

City THOUSAND OAKS	State CA	Zip Code 91362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PRESIDENT FARMERS NON-INS
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123679**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. MULDER, LEO E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2054 S CHESANING DR SE

City GRAND RAPIDS	State MI	Zip Code 49506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PROD MGMT - SPEC
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123680**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.38
<b>TOTAL</b> 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 58 OF 180
	<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. MURPHY, BRYAN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5531 LITTLE FAWN CT  
 City WESTLAKE 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 BUSINESS INSURA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123682**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MURRAY, PETER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 941 GREENWOOD STREET  
 City MIDDLEVILLE State MI Zip Code 49333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ZONE FACILITIES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123685**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. MUSTARDE, BONNIE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8305 EDGEMOOR PLACE  
 City AUSTIN State TX Zip Code 78749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SR. COMPLIANCE SPECIALIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123687**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.50
<b>TOTAL</b> 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 180
	<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. NANCE, REBECCA D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 WILSHIRE VALLEY COURT

City ST. CHARLES	State MO	Zip Code 63303
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123689**

Amount of Each Receipt this Period  
 15.00

Memo Item

**B. NEALON, ELIZABETH M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 252 SONTAG DR.

City FRANKLIN	State TN	Zip Code 37064
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123691**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. NOH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3634 LANG RANCH PKWY

City THOUSAND OAKS	State CA	Zip Code 91362
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF CL FINANCE & STRA
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 399.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123694**

Amount of Each Receipt this Period  
 21.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.00
<b>TOTAL</b> 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 60 OF 180
	<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. NORVILLE, LARRY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF EXCL AGENCY SALES
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1088.75

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123696**

Amount of Each Receipt this Period  
 66.25

Memo Item

**B. NUTTING, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1428 COLINA DRIVE

City GLENDALE	State CA	Zip Code 91208
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF ACTUARY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 820.93

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123697**

Amount of Each Receipt this Period  
 44.59

Memo Item

**C. ODENDAHL, JOHN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1046 W 27TH STREET

City SAN PEDRO	State CA	Zip Code 90031
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF CORPORATE LITIGAT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123699**

Amount of Each Receipt this Period  
 40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.84
<b>TOTAL</b> 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 61 OF 180
	<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. OLSSON, JILLIAN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1662 OLDCASTLE PLACE  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ACCOUNT EXECUTIVE II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.98

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123704**  
 Amount of Each Receipt this Period 15.04  
 Memo Item

**B. ORRAJ, CRAIG A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2762 HILARY COURT  
 City THOUSAND OAKS State CA Zip Code 91362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF BUSINESS INSURANC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123707**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. OTOLSKI, BRIAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7786 KENROB DR SE  
 City GRAND RAPIDS State MI Zip Code 49546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF UNDERWRIT - SPEC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123710**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 65.04  
**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 62 OF 180
	<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. OVENHOUSE, JULIE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11370 MAHOGANY RUN

City FORT MYERS	State FL	Zip Code 33913
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 462.82

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123711**

Amount of Each Receipt this Period  
 24.97

Memo Item

**B. PACEY, KRIS U, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 HARVEST DANCE DR.

City LEANDER	State TX	Zip Code 78641
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF LIFE FIELD OPERAT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 587.52

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123713**

Amount of Each Receipt this Period  
 23.08

Memo Item

**C. PADDOR, GARRETT B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7825 SE 73RD PLACE

City MERCER ISLAND	State WA	Zip Code 98040
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) GENERAL COUNSEL, FARMERS
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123714**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.05
<b>TOTAL</b> 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 180
	<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. PAIVA, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1148 FREMONT WAY  
 City SACRAMENTO State CA Zip Code 95818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR GOVERNMENT & IND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123716**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. PARKER, KIRK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1953 SHERWOOD PL.  
 City WHEATON State IL Zip Code 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123719**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. PATTON, KEVIN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 WILKES CT  
 City NEWNAN State GA Zip Code 30263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SR. FIELD TERRITORY MANAG  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123720**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 64 OF 180
	<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. PAYNE, JERRY C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 FLAGGPOINT LN  
 City MURRELLS INLET State SC Zip Code 29576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF NATIONAL ACC - IA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123722**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. PEPPER, JEFFREY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1674 SLATER  
 City DORR State MI Zip Code 49323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FOREMOST FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.65

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123725**  
 Amount of Each Receipt this Period 37.80  
 Memo Item

**C. PESSETTI, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 WOODRUFF RD  
 City HASTINGS State MI Zip Code 49058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PROD INN & BUS DE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 710.91

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123726**  
 Amount of Each Receipt this Period 38.55  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 91.35  
**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 180
	<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. PETERSEN, ERIC L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19326 SPENCER ST.  
 City ELKHORN State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) TERRITORY SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123727**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. PETERSON, PAUL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7939 W VILLA LINDO  
 City PEORIA State AZ Zip Code 85383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123729**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. PFEIL, GLENN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 PRESIDENTIAL DRIVE APT 606  
 City WILMINGTON State DE Zip Code 19807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PRESIDENT, 21ST CA & HI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123730**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**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 66 OF 180  
(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. PICKETT, MICHAEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 W 130TH STREET  
 City OVERLAND PARK State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) AREA SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 537.65

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123731**  
 Amount of Each Receipt this Period 29.13  
 Memo Item

**B. POPP, MAURA C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 MERION AVE.  
 City HADDONFIELD State NJ Zip Code 08033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DEPUTY GEN COUNSEL 21ST C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123734**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. PROCOPIO, DONALD W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 MONTANA AVE.  
 City ALDAN State PA Zip Code 19018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ATLANTIC ZONE PRO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123739**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.13  
**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 67 OF 180
	<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. PUTNAM, JOSHUA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 3RD AVE SW  
 City PACIFIC State WA Zip Code 98047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) LIFE MARKETING MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.49

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123744**  
 Amount of Each Receipt this Period 19.72  
 Memo Item

**B. RAPETTI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2311 CRAIG DRIVE  
 City HAINESPORT State NJ Zip Code 08036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) TERRITORY PRODUCT LEAD-SE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.30

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123747**  
 Amount of Each Receipt this Period 27.08  
 Memo Item

**C. RESER, J A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1114 NEWKIRK CT  
 City ROCKWALL State TX Zip Code 75032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ZONE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123753**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 96.80  
**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 180
	<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. RIEDLEY, WILLIAM C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2065 BRENTWOOD AVE  
 City SIMI VALLEY State CA Zip Code 93063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BUSINESS INSURANC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 768.27

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123755**  
 Amount of Each Receipt this Period 42.14  
 Memo Item

**B. ROBERTSON, DONI B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 SW 144TH AVENUE  
 City BEAVERTON State OR Zip Code 97005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PORTLAND AND AUST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123757**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. ROCK, ALLEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11525 S. 67TH EAST AVE.  
 City BIXBY State OK Zip Code 74008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123760**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.14
<b>TOTAL</b> 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 69 OF 180
	<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. ROMERO, DONNA R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28111 CASCABEL  
 City MISSION VIEJO State CA Zip Code 92692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 428.22

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123763**  
 Amount of Each Receipt this Period 23.26  
 Memo Item

**B. ROYER, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 TEXANA CT.  
 City ROUND ROCK State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.50

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123767**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. RUGGIERO, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11262 CRENSHAW STREET  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HD OF COMM LINES P&C & CO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123768**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.26
<b>TOTAL</b> 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 70 OF 180
	<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. SAAD, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 841 S NORTON AVE APT 1

City LOS ANGELES	State CA	Zip Code 90005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF STRATEGIC PLANNIN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123769**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. SADLER, ROBERT D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8036 CANOPY TERRACE

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

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF INDPENDENT AGENCY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1230.49

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123770**

Amount of Each Receipt this Period  
 66.61

Memo Item

**C. SANAZARO-HERNANDEZ, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 WEST BEVERLY BLVD # 304

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

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF ENTERPRISE OPERAT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 853.16

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123772**

Amount of Each Receipt this Period  
 46.54

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.15
<b>TOTAL</b> 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 71 OF 180
	<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. SAULS, JEFFREY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 LA PLAYA WAY  
 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 STATE LEGISLATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123774**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SEELEY, BRAD O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10190 SOUTHRIDGE DRIVE  
 City CALEDONIA State MI Zip Code 49316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR PRODUCT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123782**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. SEGUY, RICHARD P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4743 VIA CUPERTINO  
 City CAMARILLO State CA Zip Code 93012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ZONE SALES DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123783**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	87.00
<b>TOTAL</b> 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 72 OF 180
	<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. SELIN, BRUCE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1351 BRECKFORD CT  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BUSINESS TECHNOLOGY DIREC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123784**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. SELLERS MCCARTHY, VICTORIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 COSENZA  
 City LAGUNA NIGUEL State CA Zip Code 92677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF REGULATORY STRATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123785**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. SGOUREVA, RUSSINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 TIVERTON AVE  
 City LOS ANGELES State CA Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BUSINESS TECH TRA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 966.37

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123787**  
 Amount of Each Receipt this Period 52.49  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.49
<b>TOTAL</b> 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 73 OF 180
	<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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**FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC**

**A. SHAW, ANNE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2088 CHESWICK LANE  
 City AURORA State IL Zip Code 60503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HIGH EXPOSURE ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123788**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. SHIBEL, STEVEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 349 N IRVING BLVD  
 City LOS ANGELES State CA Zip Code 90004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BUSINESS ANALYST II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 352.91

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123791**  
 Amount of Each Receipt this Period 19.11  
 Memo Item

**C. SHRIVER, RICHARD M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25809 FLEMMING PLACE  
 City STEVENSON RANCH State CA Zip Code 91381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ZONE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123792**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.11  
**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 74 OF 180
	<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. SIEGFRIED, CAROL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 PLEASANT DRIVE

City NOTTINGHAM	State PA	Zip Code 19362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF RISK OFFICER, FARME
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123794**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. SILVERTRUST, JORDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4506 EL CORAZON

City CAMARILLO	State CA	Zip Code 93012
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) COMML MKTG CONSULTANT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123796**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. SKRZYPEK, KAMMI S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5904 CORY POINT CT

City HUDSONVILLE	State MI	Zip Code 49426
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123800**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 75 OF 180
	<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. SMITH, ERIC D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12714 TANTATRA  
 City AUSTIN State TX Zip Code 78729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) LEARNING AND DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.29

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123806**  
 Amount of Each Receipt this Period 16.58  
 Memo Item

**B. SMITH, KARL H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3360 GREEN RIVER DR  
 City RENO State NV Zip Code 89503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123808**  
 Amount of Each Receipt this Period 11.00  
 Memo Item

**C. SMITH, ROY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29140 MEDEA LANE # 1101  
 City AGOURA HILLS State CA Zip Code 91301  
 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 ▼ 1995.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123809**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.58
<b>TOTAL</b> 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 180
	<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. SMITH, STEPHANIE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44089 NOWLAND DR  
 City CANTON State MI Zip Code 48188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) LEARNING AND DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.46

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123810**  
 Amount of Each Receipt this Period 17.27  
 Memo Item

**B. SMITH, STEPHEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 614 DE SALES STREET  
 City SAN GABRIEL State CA Zip Code 91775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SR CLAIMS ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123811**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. SNAPP, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14514 CAROLCREST ST  
 City HOUSTON State TX Zip Code 77079-6508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SR CLAIMS ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123813**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.27
<b>TOTAL</b> 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 77 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**A. SORENSEN, TERRYLE E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6736 SUMMBERBREEZE DR  
 City CALEDONIA State MI Zip Code 49316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) FUNCTIONAL OPERATIONS MAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123820**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. SOVEY, KENNETH W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 SCAMPER COVE  
 City LAKEWAY State TX Zip Code 78734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) CLAIMS SPEC REP PROP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 321.11

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123821**  
 Amount of Each Receipt this Period 17.04  
 Memo Item

**C. SPERRY, CHANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 421 HORSEBACK HOLLOW  
 City AUSTIN State TX Zip Code 78732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SERVICE OPERATION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 506.50

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123822**  
 Amount of Each Receipt this Period 31.73  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.77
<b>TOTAL</b> 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 78 OF 180
	<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. SPURLOCK, GREGORY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27605 AVE DEL MESA  
 City RNCH PALOS VERDES State CA Zip Code 90275-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR ACCTG FLD OPNS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : INCA123825**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. STAFFORD, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 W MAIN ST  
 City CALEDONIA State MI Zip Code 49316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PROJECT MANAGER II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : INCA123826**  
 Amount of Each Receipt this Period 13.00  
 Memo Item

**C. STANTON, CHRISTINE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) SITE MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : INCA123828**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.00
<b>TOTAL</b> 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 180
	<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. SWOPE, JIM W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 ELLIOTT RANCH

City BUDA	State TX	Zip Code 78610
--------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 486.40

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123838**

Amount of Each Receipt this Period  
 26.42

Memo Item

**B. 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 ▼  
 1918.79

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123839**

Amount of Each Receipt this Period  
 103.52

Memo Item

**C. TAYLOR, JAMES C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 756 HAVERFORD AVE

City PACIFIC PALISAD	State CA	Zip Code 90272
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) CHIEF CLAIMS COMPLIANCE O
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 794.89

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123841**

Amount of Each Receipt this Period  
 43.03

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	172.97
<b>TOTAL</b> 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 180
	<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. TOOHEY, MARK S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **664 VIA COLINAS**

City <b>WESTLAKE VILLAGE</b>	State <b>CA</b>	Zip Code <b>91362</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>FARMERS GROUP INC</b>	Occupation (for Individual) <b>HEAD OF POLITICAL ACTION</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1187.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : INCA123851**

Amount of Each Receipt this Period  

<b>62.50</b>
--------------

 Memo Item

**B. TRAVERS, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **P.O. BOX 1519**

City <b>KINGSLAND</b>	State <b>TX</b>	Zip Code <b>78639</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>FARMERS GROUP INC</b>	Occupation (for Individual) <b>CHIEF OPERATIONS OFFICER</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1684.69**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : INCA123855**

Amount of Each Receipt this Period  

<b>91.35</b>
--------------

 Memo Item

**C. TREVINO, RUDOLFO C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4110 MOORE ST**

City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90066</b>
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>FARMERS GROUP INC</b>	Occupation (for Individual) <b>CHIEF COMPLIANCE OFFICER</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**869.14**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : INCA123856**

Amount of Each Receipt this Period  

<b>47.21</b>
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>201.06</b>
<b>TOTAL</b> 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 81 OF 180
	<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. TURNER, SUZANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31989 N 127TH LANE

City PEORIA	State AZ	Zip Code 85383
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 237.50

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123861**

Amount of Each Receipt this Period  
 12.50

Memo Item

**B. TWEEDY, KIRK C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 VIRGO COURT

City THOUSAND OAKS	State CA	Zip Code 91360
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF DIRECT SALES - FA
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 802.45

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123862**

Amount of Each Receipt this Period  
 43.44

Memo Item

**C. UPSON, STACEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11392 BELMONT LAKE DR #102

City LAS VEGAS	State NV	Zip Code 89135
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) MANAGING ATTORNEY
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 718.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123863**

Amount of Each Receipt this Period  
 39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.94
<b>TOTAL</b> 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 180
	<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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**FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC**

**A. VAN NORMAN, JASON P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7607 SPATTERDOCK DR  
 City BOYNTON BEACH State FL Zip Code 33437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) NETWORK SUBJECT MATTER EX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.08

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123865**  
 Amount of Each Receipt this Period 22.62  
 Memo Item

**B. VANDERMYDE, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5115 WILSHIRE BOULEVARD # 316  
 City LOS ANGELES State CA Zip Code 90036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ACTUARIAL RESERVI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123866**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. VARNEY, MICHAEL G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11204 PRESWICK BLVD  
 City EDEN PRAIRIE State MN Zip Code 55344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) AREA SALES MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123867**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.62
<b>TOTAL</b> 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 180
	<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. VILES, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17278 AVENIDA DE LA HERRADURA  
 City PACIFIC PALISADES State CA Zip Code 90272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF INTERNAL COMMUNIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123868**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. WALRATH, WILLIAM D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1816 KIRSTEN LEE DR.  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 859.94

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123869**  
 Amount of Each Receipt this Period 45.26  
 Memo Item

**C. WAVERING, GARY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1292 PORTILLO LANE  
 City LAKE ARROWHEAD State CA Zip Code 92352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CORPORATE SENIOR TAX MANA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 659.41

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123875**  
 Amount of Each Receipt this Period 35.90  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	116.16
<b>TOTAL</b> 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 84 OF 180
	<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. WEDDING, KAMALA E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2184 RUSTICPARK CT

City THOUSAND OAKS	State CA	Zip Code 91362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) DIR CLAIMS FIELD OPS
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 339.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123877**

Amount of Each Receipt this Period  
 10.00

Memo Item

**B. WEINSTEIN, STEVEN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11988 WOOD RANCH ROAD

City GRANADA HILLS	State CA	Zip Code 91344
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD GENERAL COUNSEL
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123878**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C. WESHOLSKI, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) POSTAL COMPLIANCE DIRECTO
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 09 / 2016

**Transaction ID : INCA123879**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 85 OF 180
	<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. WHITE, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 MORRIS LN  
 City WALLINGFORD State PA Zip Code 19086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ACT STAFF ACAS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123885**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. WILLIAMS, BOBBY G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21910 LEGEND POINT DR  
 City SAN ANTONIO State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) LIFE AND FINANCIAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.74

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123887**  
 Amount of Each Receipt this Period 15.04  
 Memo Item

**C. WILLIAMS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8377 ALLEGHENY GROVE BLVD  
 City VICTORIA State MN Zip Code 55386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ENTERPRISE RESEAR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123888**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.04  
**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 86 OF 180
	<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. WILLIAMS, LORI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7086 SUMMIT HILL CT SE

City CALEDONIA	State MI	Zip Code 49316
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF BUSINESS INSURANC
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123889**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. WILLIAMS, TODD M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2226 WESTBOURNE DR

City OVIEDO	State FL	Zip Code 32765
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF BRISTOL WEST CLAI
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123891**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. WINTERING, CHRISTOPHER R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14618 S BROUGHAM DRIVE

City OLATHE	State KS	Zip Code 66062
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) TERRITORY AGENCY MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : INCA123892**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 180
	<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. WITTMAN, JOHN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 SW 13TH ST  
 City OAK GROVE State MO Zip Code 64075-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.97

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123893**  
 Amount of Each Receipt this Period 15.26  
 Memo Item

**B. WOLONSKY, JOSEPH P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 WEST JANSS ROAD  
 City THOUSAND OAKS State CA Zip Code 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SR CLAIMS ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123894**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. WORKMAN, JERRY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 KILKERRAN LANE  
 City PELHAM State AL Zip Code 35124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR GOVERNMENT & IND  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123897**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.26
<b>TOTAL</b> 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 180
	<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. YOKOTA, DORIS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 N GRAMERCY PL  
 City LOS ANGELES State CA Zip Code 90004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) COMMUNICATIONS COORD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : INCA123902**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**B. BURRIS, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2601 NETWORK BLVD #208  
 City FRISCO State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : INCA123921**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. DIBARTELO, L DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 414 PLAZA DR., #101  
 City WESTMONT State IL Zip Code 60559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : INCA123922**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2012.50
<b>TOTAL</b> 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 180
	<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. MOLTZAN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2929 N CENTRAL EXPRESSWAY #120

City RICHARDSON	State TX	Zip Code 75080
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 16 / 2016  
**Transaction ID : INCA123923**

Amount of Each Receipt this Period  
 600.00

Memo Item

**B. VENUTO, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7965 S. RAINBOW BLVD #100

City LAS VEGAS	State NV	Zip Code 89139
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 16 / 2016  
**Transaction ID : INCA123924**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. WRIGHT, J. DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 MCHENRY AVE #A

City MODESTO	State CA	Zip Code 95350
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP, INC.	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 16 / 2016  
**Transaction ID : INCA123925**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> 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 180
<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. ABRAMSON, MARC E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 SHERIDAN RD #1  
 City EVANSTON State IL Zip Code 60202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123947**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. ACOSTA-FRANCO, LUISA G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21021 ERWIN STREET # 441  
 City WOODLAND HILLS State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF RECRUITMENT MKTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123948**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. ALDREDGE, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF ADMINISTRATION OFFI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123951**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> 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 91 OF 180
	<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. ANDERSEN, STEVEN K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIRECTOR OF HOME OFFICE A
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 559.87

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA123953**

Amount of Each Receipt this Period  
 30.31

Memo Item

**B. ANDERSON, ROBERT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5904 BLACKSTONE DR.

City ROCKLIN	State CA	Zip Code 95765
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) MARKETING CONS SR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA123955**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. BADGETT, LEEANN G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) FINANCIAL CONTROLLER, GLN
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 423.25

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA123962**

Amount of Each Receipt this Period  
 23.08

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.39
<b>TOTAL</b> 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 92 OF 180
	<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. BAIR, JEFFREY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 COURTLAND STREET  
 City ROCKFORD State MI Zip Code 49341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF IA AND AFFINITY M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123963**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BALBIS, ANN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7120 NW 11 CT  
 City PLANTATION State FL Zip Code 33313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR FIN OPNS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123964**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. BALEY, CHARLES A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF SECURITY OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 699.16

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123965**  
 Amount of Each Receipt this Period 38.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.04
<b>TOTAL</b> 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 93 OF 180
	<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. BARTALO, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 559 STRUTHERS RANCH RD  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD HR BUSINESS PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123970**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. BIGELOW, MICHAEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6269 EGYPT VALLEY AVE NE  
 City ROCKFORD State MI Zip Code 49341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PRINT & DOCUMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123979**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. BOAM, DEBORAH L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4005 DOMINION CV  
 City AUSTIN State TX Zip Code 78759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ZONE - IA DISTRIB  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123985**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 180
	<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. BONNEY, CARRIE B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4491 VIA ARANDANA  
 City CAMARILLO State CA Zip Code 93012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) MEDIA RELATIONS & ISSUES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123988**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. BOOI, JEFFREY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2288 W BIPPLEY RD  
 City LAKE ODESSA State MI Zip Code 48849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ACCOUNT EXECUTIVE II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 657.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123989**  
 Amount of Each Receipt this Period 35.49  
 Memo Item

**C. BOSHOVEN, STEPHEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) PRESIDENT OF FOREMOST BRA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123990**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.49
<b>TOTAL</b> 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 95 OF 180
	<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**

**A. BOWSER, KIMBERLY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1155 CROYDEN RD

City LYNDHURST	State OH	Zip Code 44124
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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-SE
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA123991**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. BRADDOCK, JOHN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 LOIRE VALLEY DRIVE

City SIMI VALLEY	State CA	Zip Code 93065
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PUBLIC POLICY RES
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 787.10

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA123993**

Amount of Each Receipt this Period  
 42.68

Memo Item

**C. BROOKS, TODD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4613 MIRA DEL SOL

City CASTLE ROCK	State CO	Zip Code 80104
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA123996**

Amount of Each Receipt this Period  
 5.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.68
<b>TOTAL</b> 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 96 OF 180
	<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. BROWN, DARRELL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 UNITY DR  
 City LEANDER State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DISTRIBUTION COMPLIANCE D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 559.34

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA123999**  
 Amount of Each Receipt this Period 30.38  
 Memo Item

**B. BROWN, MARTIN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2684 MEADOWRIDGE  
 City BYRON CENTER State MI Zip Code 49315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) FOREMOST GEN COUNSEL & HE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124002**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BURDETTE, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28783 CANYON OAK  
 City HIGHLAND State CA Zip Code 92346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CU CRE LOAN SERVICING MAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124010**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.38
<b>TOTAL</b> 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 97 OF 180
	<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. BURTCH, DOUGLAS R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12952 PLANTERS CREEK CIR. S.  
 City JACKSONVILLE State FL Zip Code 32224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF REGIONAL SALES -  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124015**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. CARNI, FRANK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 BRECKENRIDGIE PL.  
 City SIMI VALLEY State CA Zip Code 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF AUTO CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 359.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124022**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. CAWLEY, MARK C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 ACADEMY LANE  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SR CORPORATE COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.13

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124027**  
 Amount of Each Receipt this Period 27.80  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.80
<b>TOTAL</b> 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 180
<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. CHISHOLM, JOHN T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2122 TORRANCE ST  
 City SIMI VALLEY State CA Zip Code 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR ADVERTISING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124034**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. CHOATE, CYNTHIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4572 N AVENIDA DEL CAZADOR  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124035**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. CLARK, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 CANTERBURY COURT  
 City OXFORD State PA Zip Code 19363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) GLOBAL HEAD OF NETWORK SE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124037**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 180
	<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. COMPAN, ROBERT L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) MANAGER II-GOVERNMENT AND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124044**  
 Amount of Each Receipt this Period 26.00  
 Memo Item

**B. COOK, JEREMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 SASSAFRAS WAY  
 City OAK PARK State CA Zip Code 91377  
 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 ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124047**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. COOPER, RANDALL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 ISLAND WAY, #504  
 City CLEARWATER State FL Zip Code 33767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF LIFE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 697.35

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124048**  
 Amount of Each Receipt this Period 37.88  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.88
<b>TOTAL</b> 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 180
	<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. COVERT, TERRI S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21201 KITTRIDGE STREET UNIT 4304

City WOODLAND HILLS	State CA	Zip Code 91303
------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD HR BUSINESS PARTNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124050**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. CROSETTI, PAUL A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21600 SAN JOSE ST.

City CHATSWORTH	State CA	Zip Code 91311
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF SALES & AGENCY MA
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 665.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124052**

Amount of Each Receipt this Period  
 35.00

Memo Item

**C. DAHINDEN, GREGORY A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20600 SW KAWANDA CT

City TUALATIN	State OR	Zip Code 97062
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) BUSINESS UNIT COMPLIANCE
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 406.41

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124058**

Amount of Each Receipt this Period  
 21.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.85
<b>TOTAL</b> 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 101 OF 180
<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**

**A. DALY, KEITH G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) CHIEF CLAIMS OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124059**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. DAVENPORT, JAMES E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2489 34TH AVE NE  
 City ISSAQUAH State WA Zip Code 98029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CFO FARMERS LIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124061**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. DAVIS, DIANE C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32706 SE 76TH STREET  
 City FALL CITY State WA Zip Code 98024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF IN-FORCE MANAGEME  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124063**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 102 OF 180
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DECKER, KIM, , ,**

Mailing Address 11904 BLUE WAY AVE

City OKLAHOMA CITY	State OK	Zip Code 73162
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIRECTOR GOVERNMENT & IND
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1145.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124066**

Amount of Each Receipt this Period  
 65.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DENIS, PATTI C, , ,**

Mailing Address 6710 VARIEL # 106

City CANOGA PARK	State CA	Zip Code 91303
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) DIRECTOR, BUSINESS RELATI
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124069**

Amount of Each Receipt this Period  
 20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DORNFELD, MICHELLE M, , ,**

Mailing Address 12320 MILBANK STREET

City STUDIO CITY	State CA	Zip Code 91604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HD OF BUS INTEGRATION & F
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124077**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 180
	<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. DOUGHERTY, GUY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 951 FIRESTONE CIRCLE

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

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIR COMML PRODUCT MGMT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 638.48

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124078**

Amount of Each Receipt this Period  
 34.68

Memo Item

**B. DOWNER-RICKETTS, KAREN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 GLENVIEW DR. SE

City GRAND RAPIDS TOWNS	State MI	Zip Code 49506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF ZONE - IA DISTRIB
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 519.30

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124080**

Amount of Each Receipt this Period  
 28.30

Memo Item

**C. DROUBAY, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 191ST ST SW

City LYNNWOOD	State WA	Zip Code 98036
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PROGRAM MANAGER II
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124083**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.98
<b>TOTAL</b> 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 104 OF 180
	<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. DUKES, AMY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13705 BOND ST  
 City OVERLAND PARK State KS Zip Code 66221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BU COMPLIANCE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124084**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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 ▼ 3062.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124085**  
 Amount of Each Receipt this Period 164.00  
 Memo Item

**C. DUNN, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20207 PIEDRA CHICA ROAD  
 City MALIBU State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FARMERS PROCUREME  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124086**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	199.00
<b>TOTAL</b> 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 105 OF 180
	<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. DYVINIAK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9280 100TH STREET SE  
 City ALTO State MI Zip Code 49302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF MATERIAL DISTRIBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124090**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. EASTON, DWIGHT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6645 LINDA-VISTA BL  
 City MISSOULA State MT Zip Code 59803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PUBLIC POLICY RESEARCH MA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.78

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124091**  
 Amount of Each Receipt this Period 20.30  
 Memo Item

**C. ENGEL, ALLEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14909 WALMER ST  
 City OVERLAND PARK State KS Zip Code 66223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SENIOR AUDIT MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124096**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.30
<b>TOTAL</b> 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 180
	<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. EVANS, PATRICIA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1641 VISTA DRIVE

City GLENDALE	State CA	Zip Code 91201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PLANNING & PERFOR
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124099**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. FALLIS, MARK G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 WELLS DRIVE

City PLANO	State TX	Zip Code 75093
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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 TRAINING MANAGE
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 441.85

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124100**

Amount of Each Receipt this Period  
 24.00

Memo Item

**C. FELKS, TIMOTHY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 357 CHERRY HILLS COURT

City NEWBURY PARK	State CA	Zip Code 91320
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF PROPERTY CLAIMS
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124102**

Amount of Each Receipt this Period  
 30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> 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 180
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	<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. FELTON, JOHN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2804 BRECKENRIDGE CIR  
 City AURORA State IL Zip Code 60504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HIGH EXPOSURE ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124103**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. FENU, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16101 WHITE RIVER BLVD APT 18-106  
 City PFLUGERVILLE State TX Zip Code 78660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) SERVICE OPERATIONS DIRECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124104**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. FERNANDEZ, SHARON R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) PRESIDENT BRISTOL WEST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1079.81

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124107**  
 Amount of Each Receipt this Period 60.58  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.58
<b>TOTAL</b> 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 180
	<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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**FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC**

**A. FERRENDELLI, J D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5382 PARKMOR ROAD  
 City CALABASAS State CA Zip Code 91302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PL FINANCE & PL P  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124108**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. FITZPATRICK, BRIAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27701 SE 26TH WAY  
 City SAMMAMISH State WA Zip Code 98075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF LIFE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124113**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. FOLEY, PAUL F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FINANCE - BRISTOL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124114**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 109 OF 180
	<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. FORMICHELLI, FRANCO R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8160 BELLE VERNON

City NOVELTY	State OH	Zip Code 44072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF BRISTOL WEST SERV
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124115**

Amount of Each Receipt this Period  
 15.00

Memo Item

**B. FOURNELL, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF AGENCY MARKETING
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124117**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. FOX, HILARY B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 181 SAINT MARIE STREET

City SHOREVIEW	State MN	Zip Code 55126
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) SUPERVISING ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124118**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 180
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	<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. FREELIN, HEATHER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1504 CHESTNUT AVE.  
 City MANHATTAN BEACH State CA Zip Code 90266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CORPORATE LITIGATION SUPE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.44

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124121**  
 Amount of Each Receipt this Period 37.34  
 Memo Item

**B. GALITSKI, FRANK V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR GOVERNMENT AFFAI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 431.19

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124124**  
 Amount of Each Receipt this Period 23.34  
 Memo Item

**C. GANNON, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3713 RIVERWOOD RD.  
 City ALEXANDRIA State VA Zip Code 22309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FEDERAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 856.90

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124128**  
 Amount of Each Receipt this Period 45.10  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.78
<b>TOTAL</b> 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 111 OF 180
	<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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**FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC**

**A. GARDNER, DANIEL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) CORPORATE LITIGATION SUPE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124129**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. GERLACK, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19525 LAUREL AVE

City ROCKY RIVER	State OH	Zip Code 44116
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) SPECIAL CORPORATE COUNSEL
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124132**

Amount of Each Receipt this Period  
 15.00

Memo Item

**C. GILMARTIN, MICHAEL P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1035 OTTAWA DR

City CLAREMONT	State CA	Zip Code 91711
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) MARKETING CONS I
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 309.50

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124133**

Amount of Each Receipt this Period  
 16.64

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.64
<b>TOTAL</b> 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 180
	<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. GRUBB, DENISE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SERVICE OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 778.96

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124146**  
 Amount of Each Receipt this Period 42.24  
 Memo Item

**B. GUERRA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20600 VENTURA BLVD # 2640  
 City WOODLAND HILLS State CA Zip Code 91364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF CLAIMS BAU IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124147**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. GUERRIER, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 S SEDONA LANE  
 City ANAHEIM HILLS State CA Zip Code 92808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF INFORMATION OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124148**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	87.24
<b>TOTAL</b> 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 180
	<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**

**A. GULLAGE, DEREK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11038 LANDALE STREET  
 City NORTH HOLLYWOOD State CA Zip Code 91602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF REINSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124149**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. HACKLING, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3830 RIDGE POINT DR  
 City SUWANEE State GA Zip Code 30024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ZONE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124151**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. HALLIGAN, DENNIS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16300 WYNSTONE LN  
 City AUSTIN State TX Zip Code 78717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) STAFF CLAIMS MGR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124156**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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 114 OF 180
	<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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**FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC**

**A. HAMM, CHRISTOPHER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14009 BLACK ROCK CIR  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PL PRODUCT MANAGER SENIOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124159**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. HARM, THERESA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2614 PENNLYN DR  
 City BOOTHWYN State PA Zip Code 19061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF 21ST FINANCIAL PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124163**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. HARRIS, OCTAVIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3040 FALCONHILL DR  
 City APOPKA State FL Zip Code 32712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SUPV FLD CLAIMS LIABILITY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 246.33

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124165**  
 Amount of Each Receipt this Period 13.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.38
<b>TOTAL</b> 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 180
	<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. HARTLEY, KATHLEEN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 GREENWICH RD  
 City GLENDALE State CA Zip Code 91206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PROJECT MANAGER IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.94

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124167**  
 Amount of Each Receipt this Period 19.06  
 Memo Item

**B. HARTSUYKER, CRAIG L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1356 HARMONY COURT  
 City THOUSAND OAKS State CA Zip Code 91362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) REGIONAL HEAD OF CLAIMS L  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124168**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. HAYDEN, KERRY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) MANAGER II-GOVERNMENT AND  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.09

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124173**  
 Amount of Each Receipt this Period 18.89  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.95
<b>TOTAL</b> 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 116 OF 180
<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. HAYES, JANET L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14401 NORWOOD ST.  
 City LEAWOOD State KS Zip Code 66224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF AUTO ZONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124174**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. HELTON, BARRY B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 OVERTON DR  
 City PARKER State TX Zip Code 75002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124178**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. HENLE, JOHN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1719 271ST AVENUE SE  
 City SAMMAMISH State WA Zip Code 98075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF LIFE DISTRIBUTION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 825.98

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124181**  
 Amount of Each Receipt this Period 45.19  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.19
<b>TOTAL</b> 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 117 OF 180
	<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. HENRY, DARYN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11235 S LEWIS DR  
 City OLATHE State KS Zip Code 66061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SERVICE OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124182**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. HERTER, MARK W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 929 MULLAGHBOY RD  
 City GLENDORA State CA Zip Code 91741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CREDIT UNION CHIEF EXECUT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124184**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. HILDNER, NATHAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13954 BEAR FENCE CT.  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SALES INCENTIVES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 459.80

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124188**  
 Amount of Each Receipt this Period 24.20  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 74.20  
**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 118 OF 180
	<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. HOLLENBECK, RODNEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15829 S E 47TH PLACE  
 City BELLEVUE State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124195**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. HOWARD, ROBERT P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29236 BERNARDO WAY  
 City VALENCIA State CA Zip Code 91354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF CLAIMS SHARED SER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124199**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. HUDSON, KENNETH D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6302 CONNIE LANE  
 City COLLEYVILLE State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIR CLAIMS FIELD OPS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 663.14

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124200**  
 Amount of Each Receipt this Period 36.02  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.02
<b>TOTAL</b> 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 180
	<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. HUNTER, KELLY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1622 GRISMER AVE APT M

City BURBANK	State CA	Zip Code 91504-3714
-----------------	-------------	------------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) SR. COMPLIANCE SPECIALIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124204**

Amount of Each Receipt this Period  
 15.00

Memo Item

**B. HUNTER, ROBERT B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 GLENARM PLACE APT 2401

City DENVER	State CO	Zip Code 80202
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) MANAGING ATTORNEY
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124205**

Amount of Each Receipt this Period  
 15.00

Memo Item

**C. HUTCHINSON, CAROL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2573 CADES COVE

City BRIGHTON	State MI	Zip Code 48114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) MANAGER II-GOVERNMENT AND
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124206**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> 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 120 OF 180
<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. HUYSER, JULIE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7921 SERENITY DR  
 City MIDDLEVILLE State MI Zip Code 49333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PL PRODUCT DEV MGR-HO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 419.79

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124207**  
 Amount of Each Receipt this Period 22.80  
 Memo Item

**B. INGHAM, JOHN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 421 W 3RD STREET # 1108  
 City AUSTIN State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BUSINESS INSURANC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124211**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. IRISH, TREVOR D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7603 GEORGES RD  
 City FORT PIERCE State FL Zip Code 34951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS SUPERVISOR -  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 268.79

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124212**  
 Amount of Each Receipt this Period 14.65  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.45
<b>TOTAL</b> 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 180
	<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. JANDA, GERALD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1547 GUADALAJARA DR

City SAN JOSE	State CA	Zip Code 95120
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) CLAIMS SPEC REP PROP
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 274.50

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124216**

Amount of Each Receipt this Period  
 14.81

Memo Item

**B. JASINSKI, LISA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4323 BLACKWOOD ST

City NEWBURY PARK	State CA	Zip Code 91320
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS MANAGER
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124217**

Amount of Each Receipt this Period  
 15.00

Memo Item

**C. JOHANNESON, WILLIAM K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18740 WILLOWTREE LANE

City NORTHRIDGE	State CA	Zip Code 91326
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PROPERTY & CASUAL
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124220**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.81
<b>TOTAL</b> 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 180
	<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. JOHNSON, DEXTER F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20600 VENTURA BLVD # 1533

City WOODLAND HILLS	State CA	Zip Code 91364
------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF SERVICE OPERATION
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124222**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. JOHNSON, RODNEY K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24200 N ALMA SCHOOL RD # 7

City SCOTTSDALE	State AZ	Zip Code 85255
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PL SVC OPS & BACK
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124223**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. JONES, KIMBERLEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 851 GRADA AVENUE

City CAMARILLO	State CA	Zip Code 93010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF APPLICATION TRANS
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124225**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 123 OF 180
<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**

**A. KAPLAN, VLADIMIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16919 LORNE ST  
 City VAN NUYS State CA Zip Code 91406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CUSTOMER EXPERIENCE MANAG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124228**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. KAPPLER, ERIC E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 480 LANE DR.  
 City BAY VILLAGE State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BRISTOL WEST HEAD OF PROD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124229**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. KASCHALK, NATALIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 961 STERLING OAKS CT.  
 City OAK PARK State CA Zip Code 91377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF PROCESS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124230**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 180
	<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**

**A. KAY, ROBERT G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2756 WEATHERSTONE DRIVE

City ELLICOTT CITY	State MD	Zip Code 21042
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIRECTOR EXPANSION ZONE S
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124234**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. KELLY, EDWARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1127 CARDINAL DR

City WEST CHESTER	State PA	Zip Code 19382
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF NORTH AMERICAN NE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124236**

Amount of Each Receipt this Period  
 40.00

Memo Item

**C. KELLY, RYAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 LINK CT

City NEWBERG	State OR	Zip Code 97132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) CLAIMS SPEC REP LIABILITY
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 250.73

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124237**

Amount of Each Receipt this Period  
 13.55

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.55
<b>TOTAL</b> 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 125 OF 180
	<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. KELLY, SHANNON L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PRODUCT MGMT-21ST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124238**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. KEPHART, GRETCHEN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3029 WOOD SPRINGS LANE

City ROUND ROCK	State TX	Zip Code 78681
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF DIRECT SERVICE
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124239**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. KILLIAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 CURTIS DR

City ROUND ROCK	State TX	Zip Code 78681
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) PL PRODUCT MANAGER-HO
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124243**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 180
	<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. KITTS, SHAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14022 W 146TH ST  
 City OLATHE State KS Zip Code 66062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) MARKETING CONS SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124246**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. KLUTE, PETER A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 BATAAN ROAD  
 City REDONDO BEACH State CA Zip Code 90278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF FINANCE OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124250**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. KROUSE, JULIA K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5745 NEWBANK CIR #306  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124255**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> 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 127 OF 180
	<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. KUNI, JOEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33401 NE 78TH ST  
 City CARNATION State WA Zip Code 98014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ACTUARY FSA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 736.84

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124260**  
 Amount of Each Receipt this Period 39.95  
 Memo Item

**B. LEE, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 949 ELLESMERE WAY  
 City OAK PARK State CA Zip Code 91377  
 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 ▼ 570.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124273**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. LEITNER, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1252 N MAR VISTA AVE  
 City PASADENA State CA Zip Code 91104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ENTERPRISE MARKET  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 762.36

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124274**  
 Amount of Each Receipt this Period 41.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	111.29
<b>TOTAL</b> 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 180
	<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. LEMAN, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1115 EVENSTAR AVE  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SALES AND LEAD OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124275**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. LEWIS, DANIEL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 KEYSTONE DR  
 City EL DORADO HILLS State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124279**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. LEWIS, MICHELE I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4047 MAURICE DR  
 City NEWBURY PARK State CA Zip Code 91320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PROGRAM MANAGER I  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 531.34

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124280**  
 Amount of Each Receipt this Period 28.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.46
<b>TOTAL</b> 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 129 OF 180
	<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. LINDEMANN, JOHN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22435 SKYLAKE PLACE

City SANTA CLARITA	State CA	Zip Code 91390
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) MARKETING CONS SR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124282**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. LINDQUIST, SCOTT R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2797 RAINFIELD AVENUE

City WESTLAKE VILLAGE	State CA	Zip Code 91362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF FINANCIAL OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1425.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124283**

Amount of Each Receipt this Period  
 75.00

Memo Item

**C. LINSTROM, HUGH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10948 AYRES AVENUE

City LOS ANGELES	State CA	Zip Code 90064
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF BUSINESS INSURANCE
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 358.56

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124284**

Amount of Each Receipt this Period  
 19.41

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.41
<b>TOTAL</b> 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 180
<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. LINTON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 FREDRICK AVENUE

City ATHERTON	State CA	Zip Code 94027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF MARKETING OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124285**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. LOEBIG, RORY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 RAINDANCE STREET

City THOUSAND OAKS	State CA	Zip Code 91360
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) TERRITORY AGENCY MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 339.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124288**

Amount of Each Receipt this Period  
 10.00

Memo Item

**C. LOMBARDI, CHARLES J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3234 FREEMAN ST

City SAN DIEGO	State CA	Zip Code 92106
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) COMMERCIAL WHOLESALER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 316.59

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124289**

Amount of Each Receipt this Period  
 17.08

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	47.08
<b>TOTAL</b> 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 131 OF 180
	<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. LONGEWAY, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) DEPUTY HEAD OF PUBLIC POL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124290**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. LOSEY, JEFFREY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIR CLAIMS FIELD OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124293**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. LOVE, ELAINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5390 BARRINGTON WAY  
 City SHOREWOOD State MN Zip Code 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) MANAGER II-GOVERNMENT AND  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.94

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124295**  
 Amount of Each Receipt this Period 19.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	59.83
<b>TOTAL</b> 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 180
<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. LYONS, MICHELE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5073 TOPANGA CANYON BLVD

City WOODLAND HILLS	State CA	Zip Code 91364
------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) DIR CLAIMS FIELD OPS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124301**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. MADDEN, TIMOTHY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3322 SOUTH SHAMROCK RD

City TAMPA	State FL	Zip Code 33629
---------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF PRODUCT OFFICER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124302**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C. MANDAS, GEORGE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 704 RED OAK DR

City BARTLETT	State IL	Zip Code 60103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) COMMERCIAL WHOLESALER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124304**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 180
	<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. MANNING, SABRINA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 WOODLAND LOOP

City ROUND ROCK	State TX	Zip Code 78664
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS SUPERVISOR -
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 354.72

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124305**

Amount of Each Receipt this Period  
 19.33

Memo Item

**B. MCKENNA, MICHAEL K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4202 MISTY HOLLOW CT

City MOORPARK	State CA	Zip Code 93021
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF INTERNAL AUDITING
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 703.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124315**

Amount of Each Receipt this Period  
 37.00

Memo Item

**C. MCLAUGHLIN, RAY P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12329 ARBOR HILL ST

City MOORPARK	State CA	Zip Code 93021
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF BUS TECHNOLOGY TR
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 237.50

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124318**

Amount of Each Receipt this Period  
 12.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	68.83
<b>TOTAL</b> 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 134 OF 180
	<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. MILES, CHARLES R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 TABER LN  
 City EDMOND State OK Zip Code 73003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CLAIMS CONTACT CENTER STA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.41

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124326**  
 Amount of Each Receipt this Period 18.72  
 Memo Item

**B. MILLWARD, SCOTT M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3129 BUCKINGHAM RD  
 City GLENDALE State CA Zip Code 91206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF LEARNING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124329**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. MOOKERJEE, MEGHJIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 SHENANDOAH DRIVE  
 City NEWARK State DE Zip Code 19711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PROGRAM MANAGER II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 231.81

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124332**  
 Amount of Each Receipt this Period 12.55  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.27
<b>TOTAL</b> 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 135 OF 180
	<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. MOORE, PHILIP M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1535 GAYWOOD DR  
 City ALTADENA State CA Zip Code 91001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BACK OFFICE OPERA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 824.54

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124333**  
 Amount of Each Receipt this Period 44.33  
 Memo Item

**B. MROZ, PENNY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PMO & PROD ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124341**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. MUELLER, JOHN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF SERVICE DELIVERY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 578.67

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124342**  
 Amount of Each Receipt this Period 31.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.71
<b>TOTAL</b> 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 180
	<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. MUETING, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2597 PALMWOOD CR  
 City THOUSAND OAKS 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 FARMERS NON-INS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : INCA124343**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. MULDER, LEO E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF PROD MGMT - SPEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : INCA124344**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. MURPHY, BRYAN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5531 LITTLE FAWN CT  
 City WESTLAKE 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 BUSINESS INSURA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : INCA124346**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> 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 137 OF 180
	<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. MURRAY, PETER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 GREENWOOD STREET

City MIDDLEVILLE	State MI	Zip Code 49333
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) ZONE FACILITIES MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 399.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124349**

Amount of Each Receipt this Period  
 21.00

Memo Item

**B. MUSTARDE, BONNIE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8305 EDMOOR PLACE

City AUSTIN	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) SR. COMPLIANCE SPECIALIST
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 237.50

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124351**

Amount of Each Receipt this Period  
 12.50

Memo Item

**C. NANCE, REBECCA D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 WILSHIRE VALLEY COURT

City ST. CHARLES	State MO	Zip Code 63303
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS MANAGER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124353**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.50
<b>TOTAL</b> 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 180
	<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. NEALON, ELIZABETH M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 252 SONTAG DR.  
 City FRANKLIN State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124355**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. NOH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3634 LANG RANCH PKWY  
 City THOUSAND OAKS State CA Zip Code 91362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF CL FINANCE & STRA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124358**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. NORVILLE, LARRY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF EXCL AGENCY SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1088.75

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124360**  
 Amount of Each Receipt this Period 66.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	112.25
<b>TOTAL</b> 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 180
	<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. NUTTING, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1428 COLINA DRIVE  
 City GLENDALE State CA Zip Code 91208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF ACTUARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 820.93

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124361**  
 Amount of Each Receipt this Period 44.59  
 Memo Item

**B. ODENDAHL, JOHN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1046 W 27TH STREET  
 City SAN PEDRO State CA Zip Code 90031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF CORPORATE LITIGAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124363**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. OLSSON, JILLIAN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1662 OLDCASTLE PLACE  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ACCOUNT EXECUTIVE II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.98

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124368**  
 Amount of Each Receipt this Period 15.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	99.63
<b>TOTAL</b> 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 140 OF 180
	<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. ORRAJ, CRAIG A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2762 HILARY COURT  
 City THOUSAND OAKS State CA Zip Code 91362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HEAD OF BUSINESS INSURANC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124371**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. OTOLSKI, BRIAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7786 KENROB DR SE  
 City GRAND RAPIDS State MI Zip Code 49546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF UNDERWRIT - SPEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124374**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. OVENHOUSE, JULIE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11370 MAHOGANY RUN  
 City FORT MYERS State FL Zip Code 33913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) FIELD CLAIMS MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.82

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124375**  
 Amount of Each Receipt this Period 24.97  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	74.97
<b>TOTAL</b> 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 141 OF 180
	<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. PACEY, KRIS U, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 HARVEST DANCE DR.  
 City LEANDER State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF LIFE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 587.52

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124377**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**B. PADDOR, GARRETT B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7825 SE 73RD PLACE  
 City MERCER ISLAND State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) GENERAL COUNSEL, FARMERS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124378**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. PAIVA, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1148 FREMONT WAY  
 City SACRAMENTO State CA Zip Code 95818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR GOVERNMENT & IND  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124380**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.08
<b>TOTAL</b> 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 142 OF 180
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. PARKER, KIRK A, , ,**

Mailing Address 1953 SHERWOOD PL.

City WHEATON	State IL	Zip Code 60189
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124383**

Amount of Each Receipt this Period  
 25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PATTON, KEVIN D, , ,**

Mailing Address 10 WILKES CT

City NEWNAN	State GA	Zip Code 30263
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) SR. FIELD TERRITORY MANAG
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124384**

Amount of Each Receipt this Period  
 20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PAYNE, JERRY C, , ,**

Mailing Address 24 FLAGGPOINT LN

City MURRELLS INLET	State SC	Zip Code 29576
------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF NATIONAL ACC - IA
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124386**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 143 OF 180
	<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. PEPPER, JEFFREY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1674 SLATER

City DORR	State MI	Zip Code 49323
--------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF FOREMOST FINANCE
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 693.65

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124389**

Amount of Each Receipt this Period  
 37.80

Memo Item

**B. PESSETTI, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 WOODRUFF RD

City HASTINGS	State MI	Zip Code 49058
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PROD INN & BUS DE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 710.91

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124390**

Amount of Each Receipt this Period  
 38.55

Memo Item

**C. PETERSEN, ERIC L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19326 SPENCER ST.

City ELKHORN	State NE	Zip Code 68022
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) TERRITORY SALES MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124391**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.35
<b>TOTAL</b> 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 144 OF 180
	<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. PETERSON, PAUL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7939 W VILLA LINDO  
 City PEORIA State AZ Zip Code 85383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124393**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. PFEIL, GLENN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 PRESIDENTIAL DRIVE APT 606  
 City WILMINGTON State DE Zip Code 19807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PRESIDENT, 21ST CA & HI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124394**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. PICKETT, MICHAEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 W 130TH STREET  
 City OVERLAND PARK State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) AREA SALES MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 537.65

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124395**  
 Amount of Each Receipt this Period 29.13  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.13
<b>TOTAL</b> 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 145 OF 180
	<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. POPP, MAURA C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 MERION AVE.  
 City HADDONFIELD State NJ Zip Code 08033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DEPUTY GEN COUNSEL 21ST C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124398**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. PROCOPIO, DONALD W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 MONTANA AVE.  
 City ALDAN State PA Zip Code 19018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ATLANTIC ZONE PRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124403**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. PUTNAM, JOSHUA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 3RD AVE SW  
 City PACIFIC State WA Zip Code 98047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) LIFE MARKETING MGR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 362.49

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124408**  
 Amount of Each Receipt this Period 19.72  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.72
<b>TOTAL</b> 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 146 OF 180
	<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. RAPETTI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2311 CRAIG DRIVE  
 City HAINESPORT State NJ Zip Code 08036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) TERRITORY PRODUCT LEAD-SE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.30

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124411**  
 Amount of Each Receipt this Period 27.08  
 Memo Item

**B. RESER, J A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1114 NEWKIRK CT  
 City ROCKWALL State TX Zip Code 75032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ZONE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124417**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. RIEDLEY, WILLIAM C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2065 BRENTWOOD AVE  
 City SIMI VALLEY State CA Zip Code 93063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BUSINESS INSURANC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 768.27

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124419**  
 Amount of Each Receipt this Period 42.14  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.22
<b>TOTAL</b> 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 147 OF 180
<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. ROBERTSON, DONI B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1941 SW 144TH AVENUE

City BEAVERTON	State OR	Zip Code 97005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF PORTLAND AND AUST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124421**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. ROCK, ALLEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11525 S. 67TH EAST AVE.

City BIXBY	State OK	Zip Code 74008
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124424**

Amount of Each Receipt this Period  
 15.00

Memo Item

**C. ROMERO, DONNA R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28111 CASCABEL

City MISSION VIEJO	State CA	Zip Code 92692
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS MANAGER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 428.22

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124427**

Amount of Each Receipt this Period  
 23.26

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.26
<b>TOTAL</b> 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 148 OF 180
	<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. ROYER, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 TEXANA CT.  
 City ROUND ROCK State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.50

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124431**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. RUGGIERO, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11262 CRENSHAW STREET  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HD OF COMM LINES P&C & CO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124432**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. SAAD, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF STRATEGIC PLANNIN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124433**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> 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 149 OF 180
<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**

**A. SADLER, ROBERT D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8036 CANOPY TERRACE

City PARKLAND	State FL	Zip Code 33076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF INDEPENDENT AGENCY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1230.49

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124434**

Amount of Each Receipt this Period  
 66.61

Memo Item

**B. SANAZARO-HERNANDEZ, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 WEST BEVERLY BLVD # 304

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

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF ENTERPRISE OPERAT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 853.16

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124436**

Amount of Each Receipt this Period  
 46.54

Memo Item

**C. SAULS, JEFFREY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 LA PLAYA WAY

City SACRAMENTO	State CA	Zip Code 95864
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF STATE LEGISLATIVE
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124438**

Amount of Each Receipt this Period  
 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.15
<b>TOTAL</b> 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 150 OF 180
	<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. SEELEY, BRAD O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10190 SOUTHRIDGE DRIVE  
 City CALEDONIA State MI Zip Code 49316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIR PRODUCT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124446**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. SEGUY, RICHARD P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4743 VIA CUPERTINO  
 City CAMARILLO State CA Zip Code 93012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) ZONE SALES DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124447**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. SELIN, BRUCE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1351 BRECKFORD CT  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BUSINESS TECHNOLOGY DIREC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124448**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> 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 151 OF 180
<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. SELLERS MCCARTHY, VICTORIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 COSENZA

City LAGUNA NIGUEL	State CA	Zip Code 92677
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF REGULATORY STRATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124449**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. SGOUREVA, RUSSINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 TIVERTON AVE

City LOS ANGELES	State CA	Zip Code 90024
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF BUSINESS TECH TRA
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 966.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124451**

Amount of Each Receipt this Period  
 52.49

Memo Item

**C. SHAW, ANNE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2088 CHESWICK LANE

City AURORA	State IL	Zip Code 60503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HIGH EXPOSURE ATTORNEY
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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 / 23 / 2016

**Transaction ID : INCA124452**

Amount of Each Receipt this Period  
 40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.49
<b>TOTAL</b> 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 152 OF 180
	<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. SHIBEL, STEVEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 349 N IRVING BLVD  
 City LOS ANGELES State CA Zip Code 90004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) BUSINESS ANALYST II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 352.91

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124455**  
 Amount of Each Receipt this Period 19.11  
 Memo Item

**B. SHRIVER, RICHARD M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25809 FLEMMING PLACE  
 City STEVENSON RANCH State CA Zip Code 91381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ZONE FIELD OPERAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124456**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. SIEGFRIED, CAROL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 PLEASANT DRIVE  
 City NOTTINGHAM State PA Zip Code 19362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CHIEF RISK OFFICER, FARME  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124458**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.11  
**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 153 OF 180
<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. SILVERTRUST, JORDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4506 EL CORAZON

City CAMARILLO	State CA	Zip Code 93012
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) COMML MKTG CONSULTANT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124460**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. SKRZYPEK, KAMMI S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5904 CORY POINT CT

City HUDSONVILLE	State MI	Zip Code 49426
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124464**

Amount of Each Receipt this Period  
 15.00

Memo Item

**C. SMITH, ERIC D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12714 TANTATRA

City AUSTIN	State TX	Zip Code 78729
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) LEARNING AND DEVELOPMENT
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 304.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124470**

Amount of Each Receipt this Period  
 16.58

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.58
<b>TOTAL</b> 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 154 OF 180
	<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. SMITH, KARL H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3360 GREEN RIVER DR

City RENO	State NV	Zip Code 89503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) MANAGING ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 209.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124472**

Amount of Each Receipt this Period  
 11.00

Memo Item

**B. SMITH, ROY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29140 MEDEA LANE # 1101

City AGOURA HILLS	State CA	Zip Code 91301
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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 ▼  
 1995.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124473**

Amount of Each Receipt this Period  
 105.00

Memo Item

**C. SMITH, STEPHANIE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44089 NOWLAND DR

City CANTON	State MI	Zip Code 48188
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) LEARNING AND DEVELOPMENT
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 317.46

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124474**

Amount of Each Receipt this Period  
 17.27

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.27
<b>TOTAL</b> 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 155 OF 180
	<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. SMITH, STEPHEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 614 DE SALES STREET

City SAN GABRIEL	State CA	Zip Code 91775
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) SR CLAIMS ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124475**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. SNAPP, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14514 CAROLCREST ST

City HOUSTON	State TX	Zip Code 77079-6508
-----------------	-------------	------------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) SR CLAIMS ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124477**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. SORENSEN, TERRYLE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6736 SUMMBERBREEZE DR

City CALEDONIA	State MI	Zip Code 49316
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) FUNCTIONAL OPERATIONS MAN
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124484**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> 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 156 OF 180
	<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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**FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC**

**A. SOVEY, KENNETH W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 SCAMPER COVE

City LAKEWAY	State TX	Zip Code 78734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) CLAIMS SPEC REP PROP
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 321.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124485**

Amount of Each Receipt this Period  
 17.04

Memo Item

**B. SPERRY, CHANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 HORSEBACK HOLLOW

City AUSTIN	State TX	Zip Code 78732
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF SERVICE OPERATION
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 506.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124486**

Amount of Each Receipt this Period  
 31.73

Memo Item

**C. SPURLOCK, GREGORY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27605 AVE DEL MESA

City RNCH PALOS VERDES	State CA	Zip Code 90275-1002
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) DIR ACCTG FLD OPNS
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016

**Transaction ID : INCA124489**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.77
<b>TOTAL</b> 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 157 OF 180
	<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. STAFFORD, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 W MAIN ST  
 City CALEDONIA State MI Zip Code 49316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PROJECT MANAGER II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124490**  
 Amount of Each Receipt this Period 13.00  
 Memo Item

**B. STANTON, CHRISTINE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) FARMERS GROUP INC Occupation (for Individual) SITE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124492**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. SWOPE, JIM W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 ELLIOTT RANCH  
 City BUDA State TX Zip Code 78610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 486.40

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124502**  
 Amount of Each Receipt this Period 26.42  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.42  
**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 158 OF 180
	<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. 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 -
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1918.79

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124503**

Amount of Each Receipt this Period  
 103.52

Memo Item

**B. TAYLOR, JAMES C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 HAVERFORD AVE

City PACIFIC PALISAD	State CA	Zip Code 90272
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) CHIEF CLAIMS COMPLIANCE O
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 794.89

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124505**

Amount of Each Receipt this Period  
 43.03

Memo Item

**C. TOOHEY, MARK S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 664 VIA COLINAS

City WESTLAKE VILLAGE	State CA	Zip Code 91362
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF POLITICAL ACTION
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1187.50

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124515**

Amount of Each Receipt this Period  
 62.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	209.05
<b>TOTAL</b> 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 159 OF 180
	<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. TRAVERS, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1519

City KINGSLAND	State TX	Zip Code 78639
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF OPERATIONS OFFICER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1684.69

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124519**

Amount of Each Receipt this Period  
 91.35

Memo Item

**B. TREVINO, RUDOLFO C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4110 MOORE ST

City LOS ANGELES	State CA	Zip Code 90066
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) CHIEF COMPLIANCE OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 869.14

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124520**

Amount of Each Receipt this Period  
 47.21

Memo Item

**C. TURNER, SUZANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31989 N 127TH LANE

City PEORIA	State AZ	Zip Code 85383
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TERRITORY
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 237.50

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124525**

Amount of Each Receipt this Period  
 12.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	151.06
<b>TOTAL</b> 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 160 OF 180
	<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**

**A. TWEEDY, KIRK C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 VIRGO COURT  
 City THOUSAND OAKS State CA Zip Code 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF DIRECT SALES - FA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 802.45

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124526**  
 Amount of Each Receipt this Period 43.44  
 Memo Item

**B. UPSON, STACEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11392 BELMONT LAKE DR #102  
 City LAS VEGAS State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) MANAGING ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 718.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124527**  
 Amount of Each Receipt this Period 41.35  
 Memo Item

**C. VAN NORMAN, JASON P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7607 SPATTERDOCK DR  
 City BOYNTON BEACH State FL Zip Code 33437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) NETWORK SUBJECT MATTER EX  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.08

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124529**  
 Amount of Each Receipt this Period 22.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.41
<b>TOTAL</b> 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 161 OF 180
	<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. VANDERMYDE, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5115 WILSHIRE BOULEVARD # 316

City LOS ANGELES	State CA	Zip Code 90036
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF ACTUARIAL RESERVI
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124530**

Amount of Each Receipt this Period  
 15.00

Memo Item

**B. VARNEY, MICHAEL G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11204 PRESWICK BLVD

City EDEN PRAIRIE	State MN	Zip Code 55344
----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) AREA SALES MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124531**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. VILES, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17278 AVENIDA DE LA HERRADURA

City PACIFIC PALISADES	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF INTERNAL COMMUNIC
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 665.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : INCA124532**

Amount of Each Receipt this Period  
 35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 162 OF 180
	<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. WALRATH, WILLIAM D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1816 KIRSTEN LEE DR.  
 City WESTLAKE VILLAGE State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF TERRITORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 859.94

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124533**  
 Amount of Each Receipt this Period 45.26  
 Memo Item

**B. WAVERING, GARY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1292 PORTILLO LANE  
 City LAKE ARROWHEAD State CA Zip Code 92352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) CORPORATE SENIOR TAX MANA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 659.41

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124539**  
 Amount of Each Receipt this Period 35.90  
 Memo Item

**C. WEDDING, KAMALA E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2184 RUSTICPARK CT  
 City THOUSAND OAKS State CA Zip Code 91362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIR CLAIMS FIELD OPS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124541**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.16
<b>TOTAL</b> 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 163 OF 180
	<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. WEINSTEIN, STEVEN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11988 WOOD RANCH ROAD

City GRANADA HILLS	State CA	Zip Code 91344
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD GENERAL COUNSEL
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124542**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. WESHOLSKI, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2919 MEADOW BLUFF DR NW

City GRAND RAPIDS	State MI	Zip Code 49504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) POSTAL COMPLIANCE DIRECTO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124543**

Amount of Each Receipt this Period  
 15.00

Memo Item

**C. WHITE, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 MORRIS LN

City WALLINGFORD	State PA	Zip Code 19086
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) ACT STAFF ACAS
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124549**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 164 OF 180
	<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. WILLIAMS, BOBBY G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21910 LEGEND POINT DR  
 City SAN ANTONIO State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) LIFE AND FINANCIAL SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124551**  
 Amount of Each Receipt this Period 15.04  
 Memo Item

**B. WILLIAMS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8377 ALLEGHENY GROVE BLVD  
 City VICTORIA State MN Zip Code 55386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF ENTERPRISE RESEAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124552**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. WILLIAMS, LORI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7086 SUMMIT HILL CT SE  
 City CALEDONIA State MI Zip Code 49316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF BUSINESS INSURANC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124553**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.04
<b>TOTAL</b> 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 165 OF 180
	<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. WILLIAMS, TODD M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2226 WESTBOURNE DR

City OVIEDO	State FL	Zip Code 32765
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF BRISTOL WEST CLAI
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124555**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. WINTERING, CHRISTOPHER R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14618 S BROUGHAM DRIVE

City OLATHE	State KS	Zip Code 66062
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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 AGENCY MANAGER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124556**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C. WITTMAN, JOHN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 SW 13TH ST

City OAK GROVE	State MO	Zip Code 64075-8500
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FIELD CLAIMS MANAGER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 280.97

Date of Receipt  
 09 / 23 / 2016

**Transaction ID : INCA124557**

Amount of Each Receipt this Period  
 15.26

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.26
<b>TOTAL</b> 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 166 OF 180
<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. WOLONSKY, JOSEPH P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 WEST JANSS ROAD  
 City THOUSAND OAKS State CA Zip Code 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SR CLAIMS ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124558**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. WORKMAN, JERRY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 KILKERRAN LANE  
 City PELHAM State AL Zip Code 35124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) DIRECTOR GOVERNMENT & IND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124561**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. YOKOTA, DORIS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 N GRAMERCY PL  
 City LOS ANGELES State CA Zip Code 90004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) COMMUNICATIONS COORD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : INCA124566**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52.50
<b>TOTAL</b> 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 167 OF 180
	<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. DANIEL, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2047 BROADWATER AVE #1  
 City BILLINGS State MT Zip Code 59102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2016  
**Transaction ID : INCA124572**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. FEELY, STEPHEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17011 SW RIVENDELL DR  
 City PORTLAND State OR Zip Code 97224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2016  
**Transaction ID : INCA124571**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. MCGARRELL, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 254 E 12200 S, STE 200  
 City DRAPER State UT Zip Code 84020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FARMERS GROUP, INC. Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2016  
**Transaction ID : INCA124570**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 168 OF 180  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**SEWEL, DAVID, , ,**

Mailing Address **6415 FAIRMONT PKWY, STE C**

City **PASADENA**    State **TX**    Zip Code **77505**

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

Name of Employer (for Individual) **FARMERS GROUP, INC.**    Occupation (for Individual) **AGENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**09 / 29 / 2016**

**Transaction ID : INCA124574**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>33991.33</b>



**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. FARMERS GROUP, INC. PAYROLL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Mailing Address 6303 OWENSMOUTH AVE, 2ND FLOOR

FEC Identification Number

C [ ]

City WOODLAND HILLS State CA Zip Code 91367

Purpose of Disbursement  
REFUND OF DUPLICATE PAYROLL DEDUCTIONS DEPOSITED IN  
ERROR 8/8/16  
Candidate Name

[001]  
Category/  
Type

Transaction ID : EXPB122657  
Amount of Each Disbursement this Period

[ ] 9537.07

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C [ ]

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Amount of Each Disbursement this Period

[ ]

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C [ ]

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Amount of Each Disbursement this Period

[ ]

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

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

[ ] 9537.07

[ ] 9537.07

**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. BLUE HEN PAC**

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  011 Category/Type

Candidate Name  
**PAC, LEADERSHIP, , ,**

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

State: District:

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: **C00493700**  
**Transaction ID : EXPB120760**  
 Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. EMMER FOR CONGRESS**

Mailing Address P.O. BOX 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement  011 Category/Type

Candidate Name  
**EMMER, THOMAS, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MN District: 06

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: **C00545749**  
**Transaction ID : EXPB120769**  
 Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF DENNIS ROSS**

Mailing Address POST OFFICE BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement  011 Category/Type

Candidate Name  
**ROSS, DENNIS, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 15

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: **C00459461**  
**Transaction ID : EXPB120764**  
 Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6500.00

**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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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. LAUDERMILK FOR CONGRESS**

Mailing Address P.O. BOX 447

City Cassville State GA Zip Code 30123

Purpose of Disbursement

011

Category/  
Type

Candidate Name

LOUDERMILK, BARRY, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C00543892

Transaction ID : EXPB120765

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYNN JENKINS FOR CONGRESS**

Mailing Address POST OFFICE BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JENKINS, LYNN, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C00433730

Transaction ID : EXPB120763

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RANDY HULTGREN FOR CONGRESS**

Mailing Address P.O. BOX 717

City St. Charles State IL Zip Code 60174

Purpose of Disbursement

011

Category/  
Type

Candidate Name

HULTGREN, RANDY, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C00467522

Transaction ID : EXPB120770

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**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

Full Name (Last, First, Middle Initial)

**A. SCOTT TAYLOR FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

Mailing Address P.O. BOX 71596

FEC Identification Number

**C** C00608703

City Richmond State VA Zip Code 23255

**Transaction ID : EXPB120767**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

TAYLOR, SCOTT, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: VA District: 02

Memo Item

Full Name (Last, First, Middle Initial)

**B. VAN HOLLEN FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

Mailing Address 10605 CONCORD STREET SUITE 202

FEC Identification Number

**C** C00573758

City Kensington State MD Zip Code 20895

**Transaction ID : EXPB120759**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

HOLLEN, CHRIS VAN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MD District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. YOUNG FOR IOWA, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

Mailing Address P.O. BOX 162

FEC Identification Number

**C** C00545616

City Van Meter State IA Zip Code 50261

**Transaction ID : EXPB120766**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

YOUNG, DAVID, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IA District: 03

Memo Item

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

9000.00

**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**

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

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address: 2101 L STREET NW, SUITE 400

City: WASHINGTON, DC      State:      Zip Code: 20037

Purpose of Disbursement:      Category/Type: 011

Candidate Name: COMMITTEE, GENERAL PURPOSE, , ,

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

State:      District:

FEC Identification Number: C00103143  
**Transaction ID : EXPB123926**  
 Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DOLD FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address: POST OFFICE BOX 6312

City: LIBERTYVILLE      State: IL      Zip Code: 60048

Purpose of Disbursement:      Category/Type: 011

Candidate Name: DOLD, ROBERT, , ,

Office Sought:  House      Disbursement For: 2016  Primary       General  
 Senate       Other (specify) ▼  
 President

State: IL      District: 10

FEC Identification Number: C00465971  
**Transaction ID : EXPB123927**  
 Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ELISE FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address: P.O BOX 500

City: GLENS FALLS      State: NY      Zip Code: 12801

Purpose of Disbursement:      Category/Type: 011

Candidate Name: STEFANIK, ELISE M., , ,

Office Sought:  House      Disbursement For: 2016  Primary       General  
 Senate       Other (specify) ▼  
 President

State: NY      District: 21

FEC Identification Number: C00547893  
**Transaction ID : EXPB123928**  
 Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7000.00

**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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**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 FOR GREGORY MEEKS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address 153-01 JAMAICA AVE., STE. 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement:  011 Category/Type

Candidate Name: **MEEKS, GREGORY W., , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 06

FEC Identification Number: **C00430991**  
**Transaction ID : EXPB123929**  
 Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF PAT TOOMEY**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement:  011 Category/Type

Candidate Name: **TOOMEY, PATRICK, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District:

FEC Identification Number: **C00461046**  
**Transaction ID : EXPB123930**  
 Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. HELP AMERICA'S LEADERSHIP POLITICAL ACTION COMMITTEE (HALPAC)**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address 701 8TH STREET, NW, STE 500

City Washington State DC Zip Code 20001

Purpose of Disbursement:  011 Category/Type

Candidate Name: **PAC, LEADERSHIP, , ,**

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

State: District:

FEC Identification Number: **C00376038**  
**Transaction ID : EXPB123931**  
 Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**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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Full Name (Last, First, Middle Initial)

**A. HOYER FOR CONGRESS**

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

Mailing Address 700 13TH STREET, NW  
SUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011  
Category/  
Type

FEC Identification Number

C C00140715

Transaction ID : EXPB123932

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

HOYER, STENY H, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MD District: 05

Full Name (Last, First, Middle Initial)

**B. KYRSTEN SINEMA FOR CONGRESS**

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

Mailing Address PO BOX 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement

011  
Category/  
Type

FEC Identification Number

C C00508804

Transaction ID : EXPB123933

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

SINEMA, KYRSTEN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: AZ District: 09

Full Name (Last, First, Middle Initial)

**C. MCCLINTOCK FOR CONGRESS**

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

Mailing Address 2150 RIVER PLAZA DR., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011  
Category/  
Type

FEC Identification Number

C C00446815

Transaction ID : EXPB123934

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

MCCLINTOCK, THOMAS, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: CA District: 04

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

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

7000.00



**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**

Full Name (Last, First, Middle Initial)  
**A. MCSALLY FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address: PO BOX 19128

City: Tucson State: AZ Zip Code: 85731

Purpose of Disbursement:  011 Category/Type

Candidate Name: **MCSALLY, MARTHA, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AZ District: 02

FEC Identification Number: **C00512236**  
**Transaction ID : EXPB123935**  
 Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PETE AGUILAR FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address: PO BOX 10954

City: San Bernardino State: CA Zip Code: 92423

Purpose of Disbursement:  011 Category/Type

Candidate Name: **AGUILAR, PETE, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 31

FEC Identification Number: **C00510461**  
**Transaction ID : EXPB123936**  
 Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. PROSPERITY ACTION INC.**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address: 320 1ST STREET, SE

City: WASHINGTON State: DC Zip Code: 22314

Purpose of Disbursement:  011 Category/Type

Candidate Name: **PAC, LEADERSHIP, , ,**

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

State: District:

FEC Identification Number: **C00377689**  
**Transaction ID : EXPB123937**  
 Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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. ROAD TO FREEDOM POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2016

Mailing Address 228 S. WASHINGTON ST., SUITE 115

FEC Identification Number

**C** C00486043

**Transaction ID : EXPB123938**

Amount of Each Disbursement this Period

5000.00

Memo Item

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

**011**  
Category/Type

Candidate Name  
 PAC, LEADERSHIP, , ,

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

State: District:

Full Name (Last, First, Middle Initial)

**B. RODNEY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2016

Mailing Address P.O. BOX 344

FEC Identification Number

**C** C00521948

**Transaction ID : EXPB123939**

Amount of Each Disbursement this Period

1000.00

Memo Item

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: 2016  Primary  General  Other (specify) ▼

State: IL District: 13

Full Name (Last, First, Middle Initial)

**C. ROTHFUS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2016

Mailing Address P.O. BOX 435

FEC Identification Number

**C** C00497115

**Transaction ID : EXPB123940**

Amount of Each Disbursement this Period

2500.00

Memo Item

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement

**011**  
Category/Type

Candidate Name  
 ROTHFUS, KEITH, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 12

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

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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. SHERMAN FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address 777 S. FIGUEROA ST., STE. 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement:  011 Category/Type

Candidate Name: **SHERMAN, BRAD, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 30

FEC Identification Number: **C00308742**  
**Transaction ID : EXPB123941**  
 Amount of Each Disbursement this Period: 3000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. STEVE KNIGHT FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address PO BOX 730

City HILMAR State CA Zip Code 95324

Purpose of Disbursement:  011 Category/Type

Candidate Name: **KNIGHT, STEVE, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 25

FEC Identification Number: **C00554014**  
**Transaction ID : EXPB123942**  
 Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TARKANIAN FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
 09 / 29 / 2016

Mailing Address 3008 CAMPBELL CIRCLE

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement:  011 Category/Type

Candidate Name: **TARKANIAN, DANNY, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NV District: 03

FEC Identification Number: **C00582320**  
**Transaction ID : EXPB123943**  
 Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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
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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. VARGAS FOR CONGRESS**

Mailing Address 330 ENCINITAS BLVD., SUITE 101

City ENCINITAS State CA Zip Code 92024

Purpose of Disbursement

Category/Type

Candidate Name  
**VARGAS, JUAN, , ,**

Office Sought:  House  
 Senate  
 President  
State: CA District: 51

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

**C** C00497321

**Transaction ID : EXPB123944**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ZINKE FOR CONGRESS**

Mailing Address P.O. BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Category/Type

Candidate Name  
**ZINKE, RYAN K., , ,**

Office Sought:  House  
 Senate  
 President  
State: MT District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

**C** C00550871

**Transaction ID : EXPB123945**

Amount of Each Disbursement this Period

Memo Item

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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