

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 291

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

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

A. AUSTIN, CHRISTINA D, , ,

Mailing Address 11374 ROLLING MEADOWS DR

City
GARRETTSVILLEState
OHZip Code
44231FEC 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 ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	01	2019

Transaction ID : INCA184734

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

B. AUSTIN, CHRISTINA D, , ,

Mailing Address 11374 ROLLING MEADOWS DR

City
GARRETTSVILLEState
OHZip Code
44231FEC 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 ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	15	2019

Transaction ID : INCA185192

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

C. AUSTIN, CHRISTINA D, , ,

Mailing Address 11374 ROLLING MEADOWS DR

City
GARRETTSVILLEState
OHZip Code
44231FEC 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 ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	29	2019

Transaction ID : INCA185591

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

37.50

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