

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00135681 3. IS THIS REPORT NEW OR AMENDED (A) [X]

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

5. Covering Period 07 01 2017 through 07 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Aurora, Joel, , Type or Print Name of Treasurer

Signature of Treasurer Aurora, Joel, , [Electronically Filed] Date 02 11 2018

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="2017"/>		57662.67
(b) Cash on Hand at Beginning of Reporting Period.....	71837.71	
(c) Total Receipts (from Line 19)	20023.51	161198.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	91861.22	218861.22
7. Total Disbursements (from Line 31).....	23000.00	150000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68861.22	68861.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

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).....	13887.59	74653.48
(ii) Unitemized	6135.92	86545.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20023.51	161198.55
(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)	20023.51	161198.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20023.51	161198.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20023.51	161198.55

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	150000.00
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)) ..	23000.00	150000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23000.00	150000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20023.51	161198.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20023.51	161198.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

AMENDMENT TO PROPERLY DISCLOSE A FEDERAL CANDIDATES REFUND OF CONTRIBUTION

Form/Schedule:

Transaction ID:

SCHEDULE A (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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. COK, MICHAEL J., , ,

Mailing Address 2437 RIDGECROFT SE

City GRAND RAPIDS	State MI	Zip Code 49546
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE GROUP	Occupation (for Individual) CHIEF OPERATING OFFICER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2017

Transaction ID : INCA143798

Amount of Each Receipt this Period
 350.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ABRAMSON, MARC E, , ,

Mailing Address 540 SHERIDAN RD #1

City EVANSTON	State IL	Zip Code 60202
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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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144431

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ALDREDGE, DEBORAH, , ,

Mailing Address 25132 KARIE LANE

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144434

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
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 8 OF 159
	<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. 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
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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 OF HOME OFFICE A
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 459.45

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144436

Amount of Each Receipt this Period
 30.91

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
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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 ▼
 300.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144438

Amount of Each Receipt this Period
 20.00

Memo Item

C. ANDREWS, WARD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9812 W. TORMEY ROAD

City NINE MILE FALLS	State WA	Zip Code 99026
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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 ▼
 225.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144440

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.91
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 9 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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A. 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 INSURANCE EXCHANGE Occupation (for Individual) FINANCIAL CONTROLLER AND
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.72

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144446
 Amount of Each Receipt this Period 23.77
 Memo Item

B. 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 ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144447
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144448
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.77
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 159
	<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. 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 ▼ 579.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144450
 Amount of Each Receipt this Period 39.18
 Memo Item

B. BARR, JASON R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 MULLINGER LN.
 City LINCOLN State CA Zip Code 95648
 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 ▼ 319.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144454
 Amount of Each Receipt this Period 10.00
 Memo Item

C. BARTALO, MICHAEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 559 STRUTHERS RANCH ROAD
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144456
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	64.18
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 159
	<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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144465
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144473
 Amount of Each Receipt this Period 15.00
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144474
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 159
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BOWSER, KIMBERLY L, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2017
Mailing Address 1155 CROYDEN ROAD			Transaction ID : INCA144475
City LYNDHURST	State OH	Zip Code 44124	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) FARMERS GROUP INC		Occupation (for Individual) TERRITORY PRODUCT LEAD -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRADDOCK, JOHN B, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2017
Mailing Address 326 LOIRE VALLEY DRIVE			Transaction ID : INCA144477
City SIMI VALLEY	State CA	Zip Code 93065	Amount of Each Receipt this Period 43.75
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) FARMERS GROUP INC		Occupation (for Individual) HEAD OF PUBLIC POLICY RES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 648.76	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BROWN, DARRELL M, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2017
Mailing Address 508 UNITY DR			Transaction ID : INCA144483
City LEANDER	State TX	Zip Code 78641	Amount of Each Receipt this Period 30.99
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) FARMERS GROUP INC		Occupation (for Individual) DISTRIBUTION COMPLIANCE D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 460.58	

SUBTOTAL of Receipts This Page (optional).....	94.74
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 13 OF 159
	<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, 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144486
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144493
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144498
 Amount of Each Receipt this Period 40.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 159
	<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. 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 ▼ 423.72

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144509
 Amount of Each Receipt this Period 28.64
 Memo Item

B. 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 ▼ 225.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144515
 Amount of Each Receipt this Period 15.00
 Memo Item

C. 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) DIV SUPV ATTY BRNCH LEGAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144516
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.64
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 159
	<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. 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144524
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144527
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ZONE FIELD OPERAT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144532
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 16 OF 159
	<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. 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 ▼ 331.19

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144539
 Amount of Each Receipt this Period 22.28
 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 ▼ 600.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144540
 Amount of Each Receipt this Period 40.00
 Memo Item

C. DASZKO, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5573 YALE DR
 City SAN JOSE State CA Zip Code 95118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) GENERAL SPECIAL INVESTIGA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144542
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.28
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 159
	<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. 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 INSURANCE EXCHANGE	Occupation (for Individual) CFO FARMERS LIFE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144543

Amount of Each Receipt this Period
 30.00

Memo Item

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) PRESIDENT OF FARMERS NEW
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144545

Amount of Each Receipt this Period
 50.00

Memo Item

C. 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
-----------------------	-------------	-------------------

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 ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144548

Amount of Each Receipt this Period
 65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
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 18 OF 159
	<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. DENIS, PATTI C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6710 VARIEL AVE APT 106

City CANOGA PARK	State CA	Zip Code 91303
---------------------	-------------	-------------------

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144552

Amount of Each Receipt this Period
 20.00

Memo Item

B. DORNFELD, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5427 BURNET AVE

City SHERMAN OAKS	State CA	Zip Code 91411
----------------------	-------------	-------------------

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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144563

Amount of Each Receipt this Period
 15.00

Memo Item

C. 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 ▼
 525.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144564

Amount of Each Receipt this Period
 35.37

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.37
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 159
	<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. DOWNER-RICKETTS, KAREN A, , ,

Mailing Address 50 GLENVIEW DR. SE

City GRAND RAPIDS TOWNS	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 ZONE - IA DISTRIB
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 431.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144566

Amount of Each Receipt this Period
 29.15

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DRISCOLL, MARY C, , ,

Mailing Address 2545 BEVERLY AVE APT M

City SANTA MONICA	State CA	Zip Code 90405
----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TOTAL REWARDS, FA
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144567

Amount of Each Receipt this Period
 15.00

Memo Item

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

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 INSURANCE EXCHANGE	Occupation (for Individual) PROGRAM MANAGER II
---	---

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
 07 / 14 / 2017

Transaction ID : INCA144568

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	64.15
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 159
	<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. 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 ▼ 300.00

Date of Receipt **07 / 14 / 2017**
Transaction ID : INCA144569
 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 ▼ 2460.00

Date of Receipt **07 / 14 / 2017**
Transaction ID : INCA144570
 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 ▼ 240.00

Date of Receipt **07 / 14 / 2017**
Transaction ID : INCA144571
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	204.00
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 21 OF 159
	<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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144575
 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 ▼ 306.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144576
 Amount of Each Receipt this Period 20.61
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144580
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.61
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 22 OF 159
	<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. 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 PLNG & PERF, ANLY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144583
 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
 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 ▼ 365.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144584
 Amount of Each Receipt this Period 24.72
 Memo Item

C. FANAFF, JEFF A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13423 LAYTON CASTLE
 City CYPRESS State TX Zip Code 77429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIV SUPV ATTY BRNCH LEGAL
 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
 07 / 14 / 2017
Transaction ID : INCA144585
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.72
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 23 OF 159
	<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. 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 ▼
 450.00

Date of Receipt
 07 / 14 / 2017
Transaction ID : INCA144587

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 ▼
 600.00

Date of Receipt
 07 / 14 / 2017
Transaction ID : INCA144588

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 11116 SOLSTICE LOOP

City SANFORD	State FL	Zip Code 32771
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) SERVICE OPERATIONS DIRECT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 14 / 2017
Transaction ID : INCA144589

Amount of Each Receipt this Period
 20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 159
	<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. 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 BUSINESS INSURA
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 921.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144593

Amount of Each Receipt this Period
 62.12

Memo Item

B. FERRENDELLI, J DEREK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6472 PINION ST

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) HEAD OF PL FINANCE & PL P
--	--

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
 07 / 14 / 2017

Transaction ID : INCA144594

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 INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF LIFE FIELD OPERAT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144598

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	107.12
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 159
	<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. 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) CHIEF OPERATING OFFICER,
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144599
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144600
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144602
 Amount of Each Receipt this Period 20.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 159
	<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. FOX, HILARY B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8311 WINDBREAK TRAIL NORTH

City LAKE ELMO	State MN	Zip Code 55042
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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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144603

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
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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
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 569.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144605

Amount of Each Receipt this Period
 38.46

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
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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 AFFAI
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 355.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144607

Amount of Each Receipt this Period
 23.99

Memo Item

SUBTOTAL of Receipts This Page (optional).....	82.45
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 27 OF 159
	<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. 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) HD OF FEDERAL & EASTERN S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 676.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144611
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144612
 Amount of Each Receipt this Period 50.00
 Memo Item

C. GERLACK, ROBERT J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21201 KITTRIDGE STREET 10105
 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) SPECIAL CORPORATE COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144615
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.10
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 159
	<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. 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 ▼ 252.64

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144616
 Amount of Each Receipt this Period 17.02
 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 SPECIALTY SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 652.08

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144630
 Amount of Each Receipt this Period 44.55
 Memo Item

C. GUERRA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11941 RICASOLI WAY
 City PORTER RANCH 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 CLAIMS IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144631
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.57
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 29 OF 159
	<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. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144632
 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 ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144633
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF DISTRIBUTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144635
 Amount of Each Receipt this Period 25.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 159
	<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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144640
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144643
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144647
 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 31 OF 159
	<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. 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 ▼ 203.90

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144648
 Amount of Each Receipt this Period 13.78
 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 ▼ 290.54

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144650
 Amount of Each Receipt this Period 19.64
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144651
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.42
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 32 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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
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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 ▼
 289.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144655

Amount of Each Receipt this Period
 19.65

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144656

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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144661

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.65
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 159
	<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. HENLE, JOHN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 PASEO DE LEON
 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) HEAD OF FIELD OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 879.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144665
 Amount of Each Receipt this Period
 59.42
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144666
 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 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144668
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	109.42
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 34 OF 159
	<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. HILDNER, NATHAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35700 SE KENDALL PEAK ST

City SNOQUALMIE	State WA	Zip Code 98065
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144672

Amount of Each Receipt this Period
 24.20

Memo Item

B. HOAGLAND, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5212 TOWNSEND DRIVE

City FLOWER MOUND	State TX	Zip Code 75028
----------------------	-------------	-------------------

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 ▼
 533.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144676

Amount of Each Receipt this Period
 36.01

Memo Item

C. 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144679

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.21
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 35 OF 159
	<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. HOWARD, ROBERT P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 242 DALTON ST

City VENTURA	State CA	Zip Code 93003
-----------------	-------------	-------------------

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144683

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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 ▼
 546.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144685

Amount of Each Receipt this Period
 36.74

Memo Item

C. HUNTER, KELLY ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2545 MARISA PLACE

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) SR. COMPLIANCE SPECIALIST
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144689

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	71.74
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 159
	<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. HUNTER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WINDSOR WAY
 City GREENWOOD VILLAGE State CO Zip Code 80111
 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 ▼ 225.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144690
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144691
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 347.52

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144692
 Amount of Each Receipt this Period 23.49
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.49
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 159
	<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. ING, RICHARD MC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2535 PEACHWOOD PLACE

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) HEAD OF AUTO ZONE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144695

Amount of Each Receipt this Period
 25.00

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144696

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 ▼
 223.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144698

Amount of Each Receipt this Period
 15.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 159
	<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. 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 ▼
 227.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144701

Amount of Each Receipt this Period
 14.96

Memo Item

B. JASINSKI, LISA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2948 MEADOWWOOD AVE

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) DIR CLAIMS FIELD OPS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144702

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
--------------------	-------------	-------------------

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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144705

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.96
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 159
	<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 110 SAN ANTONIO STREET 2213
 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 SERVICE OPERATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144707
 Amount of Each Receipt this Period 30.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HD OF FARMERS SALES & SER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144708
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144712
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 159
	<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. 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) PRESIDENT OF BRISTOL WEST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144713
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 225.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144714
 Amount of Each Receipt this Period 15.00
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIRECTOR OF EXPANSION MAR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144718
 Amount of Each Receipt this Period 25.00
 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 41 OF 159
	<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. 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) FIELD CLAIMS SUPERVISOR -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.49

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144720
 Amount of Each Receipt this Period 13.83
 Memo Item

B. KEPHART, GRETCHEN LEE, , ,
 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144721
 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
 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144725
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.83
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 159
	<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. 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) TERRITORY AGENCY MANAGER
 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
 07 / 14 / 2017
Transaction ID : INCA144728
 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 EXCHANGES FINANCE
 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
 07 / 14 / 2017
Transaction ID : INCA144732
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144739
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 43 OF 159
	<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) ACTUARY FSA
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 607.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144744

Amount of Each Receipt this Period
 40.92

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) HEAD OF INNOVATION INTEGR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144757

Amount of Each Receipt this Period
 30.00

Memo Item

C. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144758

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 159
	<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. 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 AGENCY RECRUITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144762
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. 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 II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 431.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144763
 Amount of Each Receipt this Period
 29.03
 Memo Item

C. 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
 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
 07 / 14 / 2017
Transaction ID : INCA144765
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 159
	<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. 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
 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 ▼ 1125.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144766
 Amount of Each Receipt this Period 75.00
 Memo Item

B. 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 ▼ 294.99

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144767
 Amount of Each Receipt this Period 19.89
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144768
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.89
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 46 OF 159
	<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. LIPKE, MARK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6491 FISHERS COURT

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) TERRITORY SALES MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 319.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144769

Amount of Each Receipt this Period
 10.00

Memo Item

B. 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 ▼
 233.34

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144771

Amount of Each Receipt this Period
 10.34

Memo Item

C. 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) HD OF CENTRAL ST LEG AFF
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144772

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.34
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 159
	<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. 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 ▼ 225.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144776
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 306.97

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144778
 Amount of Each Receipt this Period 21.02
 Memo Item

C. 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 ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144785
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	61.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 159
	<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. 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 ▼ 750.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144786
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 225.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144788
 Amount of Each Receipt this Period 15.00
 Memo Item

C. MARSH, SUNIA Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 COCO PLUM WAY
 City SARASOTA State FL Zip Code 34241
 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 ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144793
 Amount of Each Receipt this Period 25.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 159
	<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. MASSEY, BOBBY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24013 WEST 80TH STREET

City LENEXA	State KS	Zip Code 66227
----------------	-------------	-------------------

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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144794

Amount of Each Receipt this Period
 15.00

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 ▼
 555.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144800

Amount of Each Receipt this Period
 37.00

Memo Item

C. 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 ▼
 285.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144812

Amount of Each Receipt this Period
 19.28

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	71.28
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 159
	<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. 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 ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144815
 Amount of Each Receipt this Period 25.00
 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 ▼ 225.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144826
 Amount of Each Receipt this Period 15.00
 Memo Item

C. 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 INSURANCE EXCHANGE Occupation (for Individual) PRESIDENT FARMERS NON-INS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 412.50

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144827
 Amount of Each Receipt this Period 27.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 159
	<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. MULDER, LEO E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2054 S CHESANING DR S E
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144828
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144830
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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) FACILITY CAMPUS MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144833
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 159
	<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 3374 W. HEMINGWAY LN

City ANTHEM	State AZ	Zip Code 85086
----------------	-------------	-------------------

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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144838

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144839

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 & EXCH
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144841

Amount of Each Receipt this Period
 21.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 159
	<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. NORDSTROM, 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 ▼ 294.59

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144842
 Amount of Each Receipt this Period 19.91
 Memo Item

B. 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 ▼ 1013.75

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144844
 Amount of Each Receipt this Period 76.25
 Memo Item

C. 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 ▼ 679.57

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144846
 Amount of Each Receipt this Period 45.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	142.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 159
	<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. 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 90731
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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 CORPORATE LITIGAT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144848

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 6101 BLUE HILLS COURT

City NORMAN	State OK	Zip Code 73026
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144850

Amount of Each Receipt this Period
 15.00

Memo Item

C. OLSSON, JILLIAN CHRISTINE, , ,
 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
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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 ▼
 230.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144853

Amount of Each Receipt this Period
 15.64

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.64
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 55 OF 159
	<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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144855
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144858
 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 ▼ 378.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144859
 Amount of Each Receipt this Period 25.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 159
	<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 5023 W. 120TH AVE # 342

City BROOMFIELD	State CO	Zip Code 80020
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144862

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 INSURANCE EXCHANGE		Occupation (for Individual) GENERAL COUNSEL, FARMERS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144863

Amount of Each Receipt this Period
 20.00

Memo Item

C. PAIVA, MICHAEL ANDREW, , ,
 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144865

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.08
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 159
	<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. PARKER, KIRK ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 DAYLIGHT CT.
 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) HEAD OF TERRITORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144868
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144870
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144872
 Amount of Each Receipt this Period 15.00
 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 58 OF 159
	<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. 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 ▼
 579.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144875

Amount of Each Receipt this Period
 39.42

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
------------------	-------------	-------------------

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 ▼
 584.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144876

Amount of Each Receipt this Period
 39.33

Memo Item

C. 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144878

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	103.75
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 59 OF 159
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PFEIL, GLENN A, , ,

Mailing Address 4913A THREADNEEDLE ROAD

City GREENVILLE	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 ▼
 975.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144879

Amount of Each Receipt this Period
 65.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PICKETT, MICHAEL W, , ,

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 ▼
 442.79

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144880

Amount of Each Receipt this Period
 29.86

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. POPP, MAURA C, , ,

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 ▼
 300.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144883

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	114.86
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 60 OF 159
	<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. PROCOPPIO, 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 ▼ 450.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144890
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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 INSURANCE EXCHANGE Occupation (for Individual) LIFE MARKETING MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.52

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144895
 Amount of Each Receipt this Period 20.31
 Memo Item

C. 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 -
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 414.84

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144898
 Amount of Each Receipt this Period 28.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 159
	<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. RESER, J ANDREW, , ,
 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 ▼ 770.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144907
 Amount of Each Receipt this Period 55.00
 Memo Item

B. ROBERTSON, DONI B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6510 SILVERTON DRIVE
 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) HD OF BACK OFFICE AND PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144909
 Amount of Each Receipt this Period 25.00
 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 07 / 14 / 2017
Transaction ID : INCA144912
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 62 OF 159
	<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. ROGERS, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20004 SEPTO ST

City CHATSORTH	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) CHIEF INVESTMENT OFFICER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144914

Amount of Each Receipt this Period
 25.00

Memo Item

B. 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 ▼
 354.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144916

Amount of Each Receipt this Period
 23.96

Memo Item

C. 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144920

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 159
	<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. 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 ▼
 1125.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144921

Amount of Each Receipt this Period
 75.00

Memo Item

B. SAAD, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 MONTANA AVE APT 307

City SANTA MONICA	State CA	Zip Code 90403
----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF COMMERCIAL AUTO A
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144922

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 INDEPENDENT AGENC
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1007.79

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA144923

Amount of Each Receipt this Period
 67.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.69
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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) CFO NIB & CORP SERVICES
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 712.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144925

Amount of Each Receipt this Period
 48.40

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SAULS, JEFFREY M, , ,

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 LEGISLATIVE AFFAI
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144928

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SEELEY, BRAD O, , ,

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 FARMERS GROUP INC
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144938

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	113.40
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 159
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) SENIOR COMM PRODUCT MANAG
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144939

Amount of Each Receipt this Period
 22.00

Memo Item

B. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144941

Amount of Each Receipt this Period
 20.00

Memo Item

C. SELLERS MCCARTHY, VICTORIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 ALLTURA DRIVE

City FULLERTON	State CA	Zip Code 92835
-------------------	-------------	-------------------

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144942

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	67.00
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 66 OF 159
	<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. 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 ▼
 804.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144943

Amount of Each Receipt this Period
 54.59

Memo Item

B. 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144944

Amount of Each Receipt this Period
 40.00

Memo Item

C. 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 ANALYSIS SUPERVI
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 294.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144946

Amount of Each Receipt this Period
 20.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.25
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 159
	<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. 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 ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144947
 Amount of Each Receipt this Period 35.00
 Memo Item

B. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144949
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : INCA144951
 Amount of Each Receipt this Period 20.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 159
	<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. SKRZYPEK, KAMMI S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1404 SAPPHIRE DRAGON ST
 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) HEAD OF SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 14 / 2017**
Transaction ID : INCA144955
 Amount of Each Receipt this Period 15.00
 Memo Item

B. SMITH, ERIC D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 CALISTOGA
 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) LEARNING AND DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.70

Date of Receipt **07 / 14 / 2017**
Transaction ID : INCA144961
 Amount of Each Receipt this Period 17.83
 Memo Item

C. SMITH, ROY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26705 MALIBU HILLS ROAD 303
 City CALABASAS 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 ▼ 1575.00

Date of Receipt **07 / 14 / 2017**
Transaction ID : INCA144963
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	137.83
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 159
	<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, 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 ▼ 262.57

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144964
 Amount of Each Receipt this Period 17.71
 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144965
 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 ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144967
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.71
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 70 OF 159
	<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. 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144975
 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 ▼ 254.25

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144976
 Amount of Each Receipt this Period 15.69
 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 ▼ 488.67

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144977
 Amount of Each Receipt this Period 33.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 159
	<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. SPURLOCK, GREGORY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 488 E OCEAN BLVD 408
 City LONG BEACH State CA Zip Code 90802
 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 ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144980
 Amount of Each Receipt this Period 25.00
 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 INSURANCE EXCHANGE Occupation (for Individual) SITE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144983
 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 1025 FRED COUPLES CT
 City ROUND ROCK State TX Zip Code 78664
 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 ▼ 402.62

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA144994
 Amount of Each Receipt this Period 27.21
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.21
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 72 OF 159
	<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. 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 ▼
 1552.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144995

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
-------------------------	-------------	-------------------

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 ▼
 659.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA144997

Amount of Each Receipt this Period
 44.76

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
--------------------------	-------------	-------------------

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 ▼
 945.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145007

Amount of Each Receipt this Period
 65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	213.28
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 73 OF 159
	<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. TOOHEY, SCOTT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3118 VERDUGO RD

City LOS ANGELES	State CA	Zip Code 90065
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) GAIA STRATEGIC INITIATIVE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 281.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145008

Amount of Each Receipt this Period
 7.50

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 ▼
 719.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145010

Amount of Each Receipt this Period
 48.63

Memo Item

C. 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 INSURANCE EXCHANGE	Occupation (for Individual) HD OF AGENCY COMPLIANCE &
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 678.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145016

Amount of Each Receipt this Period
 45.63

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	101.76
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 159
	<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. 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
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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
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 609.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145017

Amount of Each Receipt this Period
 37.50

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
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145020

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 4600 S VISTA PARK AVE

City SIOUX FALLS	State SD	Zip Code 57106
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) AGENCY DISTRIBUTION MANAG
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145021

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 159
	<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. 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
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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 INTERNAL COMMUNIC
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145022

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 5525 COLODNY DR.

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) HEAD OF AGENCY PERFORMANC
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 678.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145023

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 548.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : INCA145028

Amount of Each Receipt this Period
 37.12

Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 159
	<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. 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 ▼
 750.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA145031

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
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA145032

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
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 07 / 14 / 2017

Transaction ID : INCA145038

Amount of Each Receipt this Period
 15.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 159
	<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. WHITFIELD, JOSHUA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3121 TROPICA DR
 City LITTLE ELM State TX Zip Code 75068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SPECIAL INVESTIGATIONS TE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145039
 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 ▼ 228.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145040
 Amount of Each Receipt this Period 15.34
 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 ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145041
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.34
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 78 OF 159
	<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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145042
 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 451 SEQUOIA COURT
 City GENEVA State FL Zip Code 32732
 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145044
 Amount of Each Receipt this Period 20.00
 Memo Item

C. WILLIAMS-ABREGO, LUCY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1324 S CENTER ST
 City REDLANDS State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIV SUPV ATTY BRNCH LEGAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145045
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WINTERING, CHRISTOPHER R, , ,

Mailing Address **1637 KENYON DRIVE**

City NAPERVILLE	State IL	Zip Code 60565
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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
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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
07		14		2017

Transaction ID : INCA145046

Amount of Each Receipt this Period

20.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WITTMAN, JOHN M, , ,

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
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.26**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : INCA145047

Amount of Each Receipt this Period

15.68

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WOLF, TERRI S, , ,

Mailing Address **20600 VENTURA BLVD, #2746**

City WOODLAND HILLS	State CA	Zip Code 91364
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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 HR BUSINESS PARTNER
---	--

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
07		14		2017

Transaction ID : INCA144530

Amount of Each Receipt this Period

20.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.68
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 159
	<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. 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145048
 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 ▼ 300.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145051
 Amount of Each Receipt this Period 20.00
 Memo Item

C. WRIGHT, HEATHER N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 382 E. HILLTOP WAY
 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) MANAGER II-GOVERNMENT AND
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 14 / 2017
Transaction ID : INCA145053
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
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 81 OF 159
	<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. AREVALO, ARNOLD B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 822

City Sugar Land	State TX	Zip Code 77487
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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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2017

Transaction ID : INCA145062

Amount of Each Receipt this Period
 84.00

Memo Item

B. 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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145067

Amount of Each Receipt this Period
 50.00

Memo Item

C. ACOSTA-FRANCO, LUISA G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22955 INGOMAR STREET

City WEST HILLS	State CA	Zip Code 91304
--------------------	-------------	-------------------

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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145068

Amount of Each Receipt this Period
 45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	179.00
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 82 OF 159 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. 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 ▼
 450.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145071

Amount of Each Receipt this Period
 30.00

Memo Item

B. 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 ▼
 459.45

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145073

Amount of Each Receipt this Period
 30.91

Memo Item

C. 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 ▼
 300.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145075

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.91
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 159
	<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. ANDREWS, WARD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **9812 W. TORMEY ROAD**

City NINE MILE FALLS	State WA	Zip Code 99026
--------------------------------	--------------------	--------------------------

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2017

Transaction ID : INCA145077

Amount of Each Receipt this Period
15.00

Memo Item

B. 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 INSURANCE EXCHANGE	Occupation (for Individual) FINANCIAL CONTROLLER AND
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2017

Transaction ID : INCA145083

Amount of Each Receipt this Period
23.77

Memo Item

C. 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
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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 IA AND AFFINITY M
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2017

Transaction ID : INCA145084

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.77
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 159
	<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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145085
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 579.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145087
 Amount of Each Receipt this Period 39.18
 Memo Item

C. BARR, JASON R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 MULLINGER LN.
 City LINCOLN State CA Zip Code 95648
 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 ▼ 319.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145091
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.18
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 85 OF 159
	<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. BARTALO, MICHAEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 559 STRUTHERS RANCH ROAD

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 ▼
 225.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145093

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
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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 PRINT & DOCUMENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145102

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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
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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 ▼
 225.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145110

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
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 86 OF 159
	<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. 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 ▼ 750.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145111
 Amount of Each Receipt this Period 50.00
 Memo Item

B. BOWSER, KIMBERLY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 CROYDEN ROAD
 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 -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145112
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 648.76

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145114
 Amount of Each Receipt this Period 43.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	113.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 159
	<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 ▼ 460.58

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145120
 Amount of Each Receipt this Period 30.99
 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 ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145123
 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 ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145129
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.99
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 159
	<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. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145134
 Amount of Each Receipt this Period 40.00
 Memo Item

B. 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 ▼ 423.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145145
 Amount of Each Receipt this Period 28.64
 Memo Item

C. 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145151
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 159
	<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. 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) DIV SUPV ATTY BRNCH LEGAL
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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
 07 / 28 / 2017

Transaction ID : INCA145152

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145160

Amount of Each Receipt this Period
 26.00

Memo Item

C. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145163

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
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 90 OF 159
	<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. 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 ZONE FIELD OPERAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145167
 Amount of Each Receipt this Period 35.00
 Memo Item

B. 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 ▼ 331.19

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145174
 Amount of Each Receipt this Period 22.28
 Memo Item

C. 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 ▼ 600.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145175
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	97.28
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 91 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DASZKO, TIMOTHY J, , ,

Mailing Address **5573 YALE DR**

City SAN JOSE	State CA	Zip Code 95118
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) GENERAL SPECIAL INVESTIGA
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

Transaction ID : INCA145177

Amount of Each Receipt this Period

85.00

 Memo Item

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

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 INSURANCE EXCHANGE	Occupation (for Individual) CFO FARMERS LIFE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

Transaction ID : INCA145178

Amount of Each Receipt this Period

30.00

 Memo Item

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

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 INSURANCE EXCHANGE	Occupation (for Individual) PRESIDENT OF FARMERS NEW
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

Transaction ID : INCA145180

Amount of Each Receipt this Period

50.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

Full Name 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
-----------------------	-------------	-------------------

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 ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145183

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 AVE APT 106

City CANOGA PARK	State CA	Zip Code 91303
---------------------	-------------	-------------------

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145187

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 5427 BURNET AVE

City SHERMAN OAKS	State CA	Zip Code 91411
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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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145198

Amount of Each Receipt this Period
 15.00

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 93 OF 159
	<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. 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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145199

Amount of Each Receipt this Period
 35.37

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
----------------------------	-------------	-------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 431.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145201

Amount of Each Receipt this Period
 29.15

Memo Item

C. DRISCOLL, MARY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2545 BEVERLY AVE APT M

City SANTA MONICA	State CA	Zip Code 90405
----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC	Occupation (for Individual) HEAD OF TOTAL REWARDS, FA
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145202

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.52
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 159
	<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 INSURANCE EXCHANGE Occupation (for Individual) PROGRAM MANAGER II
 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
 07 / 28 / 2017
Transaction ID : INCA145203
 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
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145204
 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
 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 ▼ 2460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145205
 Amount of Each Receipt this Period 164.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	204.00
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 95 OF 159
	<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. 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 ▼ 240.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145206
 Amount of Each Receipt this Period 20.00
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145210
 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 ▼ 306.98

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145211
 Amount of Each Receipt this Period 20.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.61
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 96 OF 159
	<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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145215
 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 PLNG & PERF, ANLY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145218
 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 ▼ 365.76

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145219
 Amount of Each Receipt this Period 24.72
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.72
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 97 OF 159
	<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. FANAFF, JEFF A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13423 LAYTON CASTLE

City CYPRESS	State TX	Zip Code 77429
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) DIV SUPV ATTY BRNCH LEGAL
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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
 07 / 28 / 2017

Transaction ID : INCA145220

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145222

Amount of Each Receipt this Period
 30.00

Memo Item

C. 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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145223

Amount of Each Receipt this Period
 40.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 159
	<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. FENU, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11116 SOLSTICE LOOP
 City SANFORD State FL Zip Code 32771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) SERVICE OPERATIONS DIRECT
 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
 07 / 28 / 2017
Transaction ID : INCA145224
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 BUSINESS INSURA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 921.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145228
 Amount of Each Receipt this Period 62.12
 Memo Item

C. FERRENDELLI, J DEREK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6472 PINION ST
 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) HEAD OF PL FINANCE & PL P
 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
 07 / 28 / 2017
Transaction ID : INCA145229
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.12
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 159
	<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. 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 INSURANCE EXCHANGE	Occupation (for Individual) HEAD OF LIFE FIELD OPERAT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145233

Amount of Each Receipt this Period
 25.00

Memo Item

B. 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) CHIEF OPERATING OFFICER,
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145234

Amount of Each Receipt this Period
 60.00

Memo Item

C. 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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145235

Amount of Each Receipt this Period
 15.00

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 100 OF 159
	<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. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145237
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Fox, Hilary B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8311 WINDBREAK TRAIL NORTH
 City LAKE ELMO State MN Zip Code 55042
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145238
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 569.06

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145240
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	78.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 159
	<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. 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 ▼
 355.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145243

Amount of Each Receipt this Period
 23.99

Memo Item

B. 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) HD OF FEDERAL & EASTERN S
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 676.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145247

Amount of Each Receipt this Period
 45.10

Memo Item

C. 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
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145248

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	119.09
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 159
	<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. GERLACK, ROBERT J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21201 KITTRIDGE STREET 10105
 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) SPECIAL CORPORATE COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145251
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 252.64

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145252
 Amount of Each Receipt this Period 17.02
 Memo Item

C. 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 SPECIALTY SERVICE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 652.08

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145266
 Amount of Each Receipt this Period 44.55
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.57
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 159
	<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. GUERRA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11941 RICASOLI WAY
 City PORTER RANCH 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 CLAIMS IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145267
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145268
 Amount of Each Receipt this Period 25.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF DISTRIBUTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145270
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 159
	<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. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145275
 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 ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145278
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145282
 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 105 OF 159
	<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"/>	<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 ▼ 203.90

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145283
 Amount of Each Receipt this Period 13.78
 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 ▼ 290.54

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145285
 Amount of Each Receipt this Period 19.64
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145286
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.42
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 106 OF 159
	<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. 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 ▼ 289.43

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145290
 Amount of Each Receipt this Period 19.65
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145291
 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 ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145296
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.65
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 159
	<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 841 PASEO DE LEON

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) HEAD OF FIELD OPERATIONS
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 879.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145299

Amount of Each Receipt this Period
 59.42

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
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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
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145300

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145302

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	109.42
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 108 OF 159
	<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. HILDNER, NATHAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35700 SE KENDALL PEAK ST

City SNOQUALMIE	State WA	Zip Code 98065
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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 LIFE DISTRIBUTION
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145306

Amount of Each Receipt this Period
 24.20

Memo Item

B. HOAGLAND, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5212 TOWNSEND DRIVE

City FLOWER MOUND	State TX	Zip Code 75028
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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
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 533.99

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145310

Amount of Each Receipt this Period
 36.01

Memo Item

C. 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
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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
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145313

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.21
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 159
	<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. HOWARD, ROBERT P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 242 DALTON ST

City VENTURA	State CA	Zip Code 93003
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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 CLAIMS SHARED SER
---	--

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
 07 / 28 / 2017

Transaction ID : INCA145317

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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 ▼
 546.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145319

Amount of Each Receipt this Period
 36.74

Memo Item

C. HUNTER, KELLY ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2545 MARISA PLACE

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) SR. COMPLIANCE SPECIALIST
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145323

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	71.74
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 159
	<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. HUNTER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WINDSOR WAY
 City GREENWOOD VILLAGE State CO Zip Code 80111
 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 ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145324
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145325
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 347.52

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145326
 Amount of Each Receipt this Period 23.49
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.49
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 111 OF 159
	<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. ING, RICHARD MC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2535 PEACHWOOD PLACE

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) HEAD OF AUTO ZONE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145329

Amount of Each Receipt this Period
 25.00

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 ▼
 300.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145330

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
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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 ▼
 223.83

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145332

Amount of Each Receipt this Period
 15.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 159
<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
 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 ▼ 227.96

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145335
 Amount of Each Receipt this Period 14.96
 Memo Item

B. JASINSKI, LISA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2948 MEADOWWOOD AVE
 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) DIR CLAIMS FIELD OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145336
 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
 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 ▼ 750.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145339
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 159
<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. JOHNSON, DEXTER F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 SAN ANTONIO STREET 2213
 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 SERVICE OPERATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145341
 Amount of Each Receipt this Period 30.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HD OF FARMERS SALES & SER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145342
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145346
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 159
	<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. 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) PRESIDENT OF BRISTOL WEST
 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
 07 / 28 / 2017
Transaction ID : INCA145347
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145348
 Amount of Each Receipt this Period 15.00
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIRECTOR OF EXPANSION MAR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145352
 Amount of Each Receipt this Period 25.00
 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 115 OF 159
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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. 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) FIELD CLAIMS SUPERVISOR -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.49

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145354
 Amount of Each Receipt this Period 13.83
 Memo Item

B. KEPHART, GRETCHEN LEE, , ,
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145355
 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
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145359
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.83
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 159
	<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. 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
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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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145362

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
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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 EXCHANGES FINANCE
--	--

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
 07 / 28 / 2017

Transaction ID : INCA145366

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
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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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145373

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 117 OF 159
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) ACTUARY FSA
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 607.01

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145378

Amount of Each Receipt this Period
 40.92

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
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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 INNOVATION INTEGR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145391

Amount of Each Receipt this Period
 30.00

Memo Item

C. 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
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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 AND LEAD OP
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145392

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.92
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 159
	<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, 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
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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 AGENCY RECRUITING
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145396

Amount of Each Receipt this Period
 30.00

Memo Item

B. 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 II
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 431.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145397

Amount of Each Receipt this Period
 29.03

Memo Item

C. 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
--	--

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
 07 / 28 / 2017

Transaction ID : INCA145399

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. 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
 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 ▼ 1125.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145400
 Amount of Each Receipt this Period 75.00
 Memo Item

B. 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 ▼ 294.99

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145401
 Amount of Each Receipt this Period 19.89
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145402
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.89
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 120 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. LIPKE, MARK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6491 FISHERS COURT
 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) TERRITORY SALES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 319.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145403
 Amount of Each Receipt this Period 10.00
 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) HD OF CENTRAL ST LEG AFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145405
 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 ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145409
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
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 121 OF 159
	<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. 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 ▼ 306.97

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145411
 Amount of Each Receipt this Period 21.02
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145418
 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
 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 ▼ 750.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145419
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 159
	<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. 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 ▼
 225.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145421

Amount of Each Receipt this Period
 15.00

Memo Item

B. MARSH, SUNIA Y, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 COCO PLUM WAY

City SARASOTA	State FL	Zip Code 34241
------------------	-------------	-------------------

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 ▼
 375.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145426

Amount of Each Receipt this Period
 25.00

Memo Item

C. MASSEY, BOBBY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24013 WEST 80TH STREET

City LENEXA	State KS	Zip Code 66227
----------------	-------------	-------------------

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 ▼
 225.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145427

Amount of Each Receipt this Period
 15.00

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 123 OF 159
	<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. 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
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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 INTERNAL AUDITING
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 555.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145433

Amount of Each Receipt this Period
 37.00

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
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145445

Amount of Each Receipt this Period
 19.28

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
------------------	-------------	-------------------

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145448

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.28
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 159
	<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. 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 ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145459
 Amount of Each Receipt this Period 15.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) PRESIDENT FARMERS NON-INS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.50

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145460
 Amount of Each Receipt this Period 27.50
 Memo Item

C. MULDER, LEO E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2054 S CHESANING DR S E
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145461
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 159
	<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. 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) FACILITY CAMPUS MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145465

Amount of Each Receipt this Period
 26.00

Memo Item

B. NANCE, REBECCA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3374 W. HEMINGWAY LN

City ANTHEM	State AZ	Zip Code 85086
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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 ▼
 225.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145470

Amount of Each Receipt this Period
 15.00

Memo Item

C. 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
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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 ▼
 375.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145471

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 159
	<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. 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
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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 CL FINANCE & EXCH
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145473

Amount of Each Receipt this Period
 21.00

Memo Item

B. NORDSTROM, 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 ▼
 294.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145474

Amount of Each Receipt this Period
 19.91

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 ▼
 1013.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145476

Amount of Each Receipt this Period
 76.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.16
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 127 OF 159
	<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. 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 ▼ 679.57

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145478
 Amount of Each Receipt this Period 45.93
 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 90731
 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 ▼ 600.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145480
 Amount of Each Receipt this Period 40.00
 Memo Item

C. OLSEN, JAMES W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 BLUE HILLS COURT
 City NORMAN State OK Zip Code 73026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) PROGRAM MANAGER IV
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145482
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.93
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 159
	<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 CHRISTINE, , ,
 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 ▼ 230.40

Date of Receipt **07 / 28 / 2017**
Transaction ID : INCA145485
 Amount of Each Receipt this Period 15.64
 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 ▼ 450.00

Date of Receipt **07 / 28 / 2017**
Transaction ID : INCA145487
 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 ▼ 300.00

Date of Receipt **07 / 28 / 2017**
Transaction ID : INCA145490
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.64
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 129 OF 159
	<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 ▼ 378.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145491
 Amount of Each Receipt this Period 25.47
 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 INSURANCE EXCHANGE Occupation (for Individual) GENERAL COUNSEL, FARMERS
 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
 07 / 28 / 2017
Transaction ID : INCA145494
 Amount of Each Receipt this Period 20.00
 Memo Item

C. PAIVA, MICHAEL ANDREW, , ,
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145496
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 159
	<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. PARKER, KIRK ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 DAYLIGHT CT.
 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) HEAD OF TERRITORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145499
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145501
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 579.96

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145505
 Amount of Each Receipt this Period 39.42
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.42
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 131 OF 159
	<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. 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 ▼ 584.49

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145506
 Amount of Each Receipt this Period 39.33
 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 ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145508
 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 4913A THREADNEEDLE ROAD
 City GREENVILLE 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 ▼ 975.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145509
 Amount of Each Receipt this Period 65.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	129.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 159
	<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. 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 ▼
 442.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145510

Amount of Each Receipt this Period
 29.86

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145513

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145520

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.86
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 159
	<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. 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 INSURANCE EXCHANGE Occupation (for Individual) LIFE MARKETING MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145525
 Amount of Each Receipt this Period 20.31
 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 -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 414.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145528
 Amount of Each Receipt this Period 28.16
 Memo Item

C. RESER, J ANDREW, , ,
 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 ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145537
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	103.47
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 159
	<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. ROBERTSON, DONI B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6510 SILVERTON DRIVE
 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) HD OF BACK OFFICE AND PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145539
 Amount of Each Receipt this Period 25.00
 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
 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 07 / 28 / 2017
Transaction ID : INCA145542
 Amount of Each Receipt this Period 15.00
 Memo Item

C. ROGERS, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20004 SEPTO 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) CHIEF INVESTMENT OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145544
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 135 OF 159
	<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. 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 ▼
 354.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145546

Amount of Each Receipt this Period
 23.96

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
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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 POLITICAL ACTION
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145550

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
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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 COMM LINES P&C & CO
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145551

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 159
<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. SAAD, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 MONTANA AVE APT 307

City SANTA MONICA	State CA	Zip Code 90403
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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 COMMERCIAL AUTO A
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145552

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
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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 AGENC
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1007.79

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145553

Amount of Each Receipt this Period
 67.69

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) CFO NIB & CORP SERVICES
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 712.98

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145555

Amount of Each Receipt this Period
 48.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	136.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 159
	<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. 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 LEGISLATIVE AFFAI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145558
 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 FARMERS GROUP IN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145568
 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) SENIOR COMM PRODUCT MANAG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145569
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 159
<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. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145571
 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 281 ALLTURA DRIVE
 City FULLERTON State CA Zip Code 92835
 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 ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145572
 Amount of Each Receipt this Period 25.00
 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 ▼ 804.15

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145573
 Amount of Each Receipt this Period 54.59
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.59
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 159
	<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. 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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145574

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
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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 ANALYSIS SUPERVI
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145576

Amount of Each Receipt this Period
 20.66

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
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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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145577

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.66
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 140 OF 159
	<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
--------------------	-------------	-------------------

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145579

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
-------------------	-------------	-------------------

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145581

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 1404 SAPPHIRE DRAGON ST

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) HEAD OF SALES
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145585

Amount of Each Receipt this Period
 15.00

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 141 OF 159
	<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"/>	<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, ERIC D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 CALISTOGA

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) LEARNING AND DEVELOPMENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 258.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145591

Amount of Each Receipt this Period
 17.83

Memo Item

B. SMITH, ROY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26705 MALIBU HILLS ROAD 303

City CALABASAS	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 ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145593

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 ▼
 262.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145594

Amount of Each Receipt this Period
 17.71

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.54
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 159
	<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, 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145595

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145597

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145605

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 143 OF 159
<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. 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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 254.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145606

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
----------------	-------------	-------------------

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 ▼
 488.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145607

Amount of Each Receipt this Period
 33.32

Memo Item

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

Mailing Address 488 E OCEAN BLVD 408

City LONG BEACH	State CA	Zip Code 90802
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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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145610

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.36
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 144 OF 159
	<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. 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 INSURANCE EXCHANGE Occupation (for Individual) SITE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145613
 Amount of Each Receipt this Period 20.00
 Memo Item

B. SWOPE, JIM W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 FRED COUPLES CT
 City ROUND ROCK State TX Zip Code 78664
 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 ▼ 402.62

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145624
 Amount of Each Receipt this Period 27.21
 Memo Item

C. SYLVAN, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 BINGHAM COURT
 City BRATENAHL State OH Zip Code 44108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) TERRITORY PRODUCT LEAD -
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1552.80

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145625
 Amount of Each Receipt this Period 103.52
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.73
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 145 OF 159
	<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. 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
 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 ▼ 659.29

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145627
 Amount of Each Receipt this Period 44.76
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) HEAD OF POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145637
 Amount of Each Receipt this Period 65.00
 Memo Item

C. TOOHEY, SCOTT M. , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3118 VERDUGO RD
 City LOS ANGELES State CA Zip Code 90065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC Occupation (for Individual) GAIA STRATEGIC INITIATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 281.50

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145638
 Amount of Each Receipt this Period 7.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 159
	<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. 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
 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 ▼ 719.51

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145640
 Amount of Each Receipt this Period 48.63
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) HD OF AGENCY COMPLIANCE &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 678.15

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145646
 Amount of Each Receipt this Period 45.63
 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) HIGH EXPOSURE ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 609.85

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145647
 Amount of Each Receipt this Period 37.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	131.76
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 159
	<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. 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 ▼
 225.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145650

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 4600 S VISTA PARK AVE

City SIOUX FALLS	State SD	Zip Code 57106
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) AGENCY DISTRIBUTION MANAG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145651

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 ▼
 525.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145652

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 148 OF 159
	<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. WALRATH, WILLIAM D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5525 COLODNY DR.
 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) HEAD OF AGENCY PERFORMANC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 678.90

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145653
 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 ▼ 548.26

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145658
 Amount of Each Receipt this Period 37.12
 Memo Item

C. 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
 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 ▼ 750.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145661
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 132.38
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 149 OF 159 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. 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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145662

Amount of Each Receipt this Period
 15.00

Memo Item

B. 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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145668

Amount of Each Receipt this Period
 15.00

Memo Item

C. WHITFIELD, JOSHUA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3121 TROPICA DR

City LITTLE ELM	State TX	Zip Code 75068
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) SPECIAL INVESTIGATIONS TE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017

Transaction ID : INCA145669

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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 150 OF 159
	<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. 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 ▼ 228.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145670
 Amount of Each Receipt this Period 15.34
 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 ▼ 375.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145671
 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : INCA145672
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.34
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 151 OF 159
	<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, TODD M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 SEQUOIA COURT
 City GENEVA State FL Zip Code 32732
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145674
 Amount of Each Receipt this Period 20.00
 Memo Item

B. WILLIAMS-ABREGO, LUCY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1324 S CENTER ST
 City REDLANDS State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIV SUPV ATTY BRNCH LEGAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145675
 Amount of Each Receipt this Period 25.00
 Memo Item

C. WINTERING, CHRISTOPHER R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1637 KENYON DRIVE
 City NAPERVILLE State IL Zip Code 60565
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : INCA145676
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 152 OF 159
	<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. 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 ▼
 232.26

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145677

Amount of Each Receipt this Period
 15.68

Memo Item

B. WOLF, TERRI S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20600 VENTURA BLVD, #2746

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 HR BUSINESS PARTNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145678

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 ▼
 300.00

Date of Receipt
 07 / 28 / 2017
Transaction ID : INCA145679

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.68
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 159
	<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. 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
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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 ▼
 300.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145682

Amount of Each Receipt this Period
 20.00

Memo Item

B. WRIGHT, HEATHER N., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 382 E. HILLTOP WAY

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) MANAGER II-GOVERNMENT AND
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 07 / 28 / 2017

Transaction ID : INCA145684

Amount of Each Receipt this Period
 25.00

Memo Item

C. ARMSTRONG, KYLE R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19885 ITERI PLACE

City LAKEVILLE	State MN	Zip Code 55044
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 07 / 31 / 2017

Transaction ID : INCA145064

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	545.00
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 154 OF 159
(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
 PIRRITANO, PETER A, , ,

Mailing Address 2440 S. HACIENDA #118

City HACIENDA HGTS	State CA	Zip Code 91745
-----------------------	-------------	-------------------

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
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2017

Transaction ID : INCA145063

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	13887.59

**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. 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: 2018
 Primary General
 Other (specify) ▼
State: MN District: 06

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2017

FEC Identification Number
C00545749
Transaction ID : EXPB143790
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVID SCHWEIKERT

Mailing Address P.O. BOX 15785

City PHEONIX State AZ Zip Code 85060

Purpose of Disbursement

011
Category/Type

Candidate Name
SCHWEIKERT, DAVID, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: AZ District: 06

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2017

FEC Identification Number
C00540617
Transaction ID : EXPB143794
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GARAMENDI FOR CONGRESS

Mailing Address 1050 17TH STREET NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

011
Category/Type

Candidate Name
GARAMENDI, JOHN, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 03

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2017

FEC Identification Number
C00462697
Transaction ID : EXPB143793
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

5500.00

**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. KENNY MARCHANT FOR CONGRESS

Date of Disbursement: / /

Mailing Address P.O. BOX 110187

City: CARROLLTON State: TX Zip Code: 75011

Purpose of Disbursement: Category/Type

Candidate Name: **MARCHANT, KENNY E., , ,**

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

State: TX District: 24

FEC Identification Number: **C00393348**
Transaction ID : EXPB143797
 Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
B. LISA BLUNT ROCHESTER FOR CONGRESS

Date of Disbursement: / /

Mailing Address PO BOX 9767

City: WILMINGTON State: DE Zip Code: 19809

Purpose of Disbursement: Category/Type

Candidate Name: **ROCHESTER, LISA BLUNT, , ,**

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

State: DE District:

FEC Identification Number: **C00590778**
Transaction ID : EXPB143791
 Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
C. MAJORITY COMMITTEE PAC - MC PAC

Date of Disbursement: / /

Mailing Address PO BOX 10134

City: BAKERSFIELD State: CA Zip Code: 93389

Purpose of Disbursement: Category/Type

Candidate Name: **PAC, LEADERSHIP, , ,**

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

State: District:

FEC Identification Number: **C00428052**
Transaction ID : EXPB143787
 Amount of Each Disbursement this Period:
 Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement

Category/
Type

Candidate Name
III, JOE MANCHIN, , ,

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

State: WV District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB143788

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement

Category/
Type

Candidate Name
GALLAGHER, MICHAEL JOHN, , ,

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

State: WI District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB143795

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RODNEY FOR CONGRESS

Mailing Address P.O. BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement

Category/
Type

Candidate Name
DAVIS, RODNEY L., , ,

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

State: IL District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB143786

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
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Full Name (Last, First, Middle Initial)

A. STEVE KNIGHT FOR CONGRESS

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: 2018 Primary General Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2017

FEC Identification Number

C00554014

Transaction ID : EXPB143792

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TREY FOR CONGRESS

Mailing Address PO BOX 421

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement

011

Category/
Type

Candidate Name

HOLLINGSWORTH, TREY, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2017

FEC Identification Number

C00590463

Transaction ID : EXPB143789

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VOTETIPTON.COM

Mailing Address PO BOX 1582

City CORTEZ State CO Zip Code 91321

Purpose of Disbursement

011

Category/
Type

Candidate Name

TIPTON, SCOTT R., , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CO District: 03

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2017

FEC Identification Number

C00470757

Transaction ID : EXPB143796

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURANCE EXCHANGE POLITICAL ACTION COMMITTEE AKA FARMERS INSURANCE PAC

A. HIMES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 857 POST ROAD, #312 BOX 456

City Fairfield State CT Zip Code 06824

Purpose of Disbursement 011 Category/Type

Candidate Name HIMES, JIM, , ,

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

State: CT District: 04

Date of Disbursement 07 / 13 / 2017

FEC Identification Number C C00434191
Transaction ID : EXPB144428
 Amount of Each Disbursement this Period 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	23000.00