

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 C C00135681 3. IS THIS REPORT NEW (N) 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) 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) x (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 01 2018 through 06 30 2018

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 07 20 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)

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="2018"/>		69750.18
(b) Cash on Hand at Beginning of Reporting Period.....	76796.39	
(c) Total Receipts (from Line 19)	23438.14	109484.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100234.53	179234.53
7. Total Disbursements (from Line 31).....	49500.00	128500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	50734.53	50734.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14276.66	35946.89
(ii) Unitemized	9161.48	70337.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23438.14	106284.35
(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)	23438.14	106284.35
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	3200.00
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)).....▶	23438.14	109484.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23438.14	109484.35

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.....	49500.00	128500.00
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)) ..	49500.00	128500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49500.00	128500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23438.14	106284.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23438.14	106284.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 166
	<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. 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
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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 ▼
 650.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165378

Amount of Each Receipt this Period
 50.00

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
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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 ▼
 650.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165925

Amount of Each Receipt this Period
 50.00

Memo Item

C. 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
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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 ▼
 650.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166497

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 7 OF 166
	<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. 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
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165680

Amount of Each Receipt this Period
 30.00

Memo Item

B. 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
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166227

Amount of Each Receipt this Period
 30.00

Memo Item

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

Mailing Address 25132 KARIE LANE

City SANTA CLARITA	State CA	Zip Code 91350
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166794

Amount of Each Receipt this Period
 30.00

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 8 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 21414 WINDING PATH WAY

City RICHMOND	State TX	Zip Code 77406
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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 ▼
 407.41

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165343

Amount of Each Receipt this Period
 31.84

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
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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 ▼
 407.41

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165891

Amount of Each Receipt this Period
 31.84

Memo Item

C. 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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 407.41

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166463

Amount of Each Receipt this Period
 31.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.52
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 9 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165303
 Amount of Each Receipt this Period 20.00
 Memo Item

B. ANDERSON, ROBERT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5904 BLACKSTONE DR.
 City ROCKLIN State CA Zip Code 95765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) MARKETING CONS SR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165851
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166423
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 166
	<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. 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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 06 / 28 / 2018
Transaction ID : INCA166360

Amount of Each Receipt this Period
 84.00

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FINANCIAL CONTROLLER AND
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 313.27

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165396

Amount of Each Receipt this Period
 24.48

Memo Item

C. BADGETT, LEEANN G., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7505 COOPER POINT RD NW

City OLYMPIA	State WA	Zip Code 98502
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) FINANCIAL CONTROLLER AND
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 313.27

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165943

Amount of Each Receipt this Period
 24.48

Memo Item

SUBTOTAL of Receipts This Page (optional).....	132.96
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 11 OF 166
	<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. 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 ▼ 313.27

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166514
 Amount of Each Receipt this Period 24.48
 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165404
 Amount of Each Receipt this Period 25.00
 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
 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165951
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	74.48
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 166
	<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. 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 ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166522
 Amount of Each Receipt this Period 25.00
 Memo Item

B. BALBIS, ANN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 NW 11 CT
 City PLANTATION State FL Zip Code 33313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) DIR FIN OPNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165648
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166195
 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 13 OF 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BALBIS, ANN M, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>29</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		29		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		29		2018									
Mailing Address 7120 NW 11 CT			Transaction ID : INCA166762										
City PLANTATION	State FL	Zip Code 33313	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00									
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) DIR FIN OPNS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>260.00</td> </tr> </table>		260.00									
260.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BALEY, CHARLES A, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>01</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		01		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		01		2018									
Mailing Address 12313 WILLOW FOREST DRIVE			Transaction ID : INCA165389										
City MOORPARK	State CA	Zip Code 93021	Amount of Each Receipt this Period <table border="1"> <tr> <td>40.55</td> </tr> </table>	40.55									
40.55													
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) CHIEF SECURITY OFFICER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>517.56</td> </tr> </table>		517.56									
517.56													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BALEY, CHARLES A, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>15</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		15		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		15		2018									
Mailing Address 12313 WILLOW FOREST DRIVE			Transaction ID : INCA165936										
City MOORPARK	State CA	Zip Code 93021	Amount of Each Receipt this Period <table border="1"> <tr> <td>40.55</td> </tr> </table>	40.55									
40.55													
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) CHIEF SECURITY OFFICER											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>517.56</td> </tr> </table>		517.56									
517.56													

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td>101.10</td> </tr> </table>	101.10
101.10		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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 ▼ 517.56

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166507
 Amount of Each Receipt this Period 40.55
 Memo Item

B. BIGELOW, MICHAEL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6269 EGYPT VALLEY AVE NE
 City ROCKFORD State MI Zip Code 49341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HEAD OF PRINT & DOCUMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165419
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165966
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.55
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166537

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165660

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166207

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166774
 Amount of Each Receipt this Period 20.00
 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165386
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165933
 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 17 OF 166
	<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. 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 ▼
 325.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166504

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 ▼
 325.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165752

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 ▼
 325.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166297

Amount of Each Receipt this Period
 25.00

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 18 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 325.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166864

Amount of Each Receipt this Period
 25.00

Memo Item

B. 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 ▼
 520.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165652

Amount of Each Receipt this Period
 40.00

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 ▼
 520.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166199

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 19 OF 166
	<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 ▼ 520.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166766
 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 ▼ 377.48

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165710
 Amount of Each Receipt this Period 29.50
 Memo Item

C. CAWLEY, MARK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 ACADEMY LANE
 City WAYNE State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) SR CORPORATE COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 377.48

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166256
 Amount of Each Receipt this Period 29.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 166
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	<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. 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 ▼ 377.48

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166823
 Amount of Each Receipt this Period 29.50
 Memo Item

B. CHOATE, CYNTHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4572 N AVENIDA DEL CAZADOR
 City TUCSON State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) DIV SUPV ATTY BRNCH LEGAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165385
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165932
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.50
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 21 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166503

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165277

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165825

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 166
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166397

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 21600 SAN JOSE ST.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 455.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165315

Amount of Each Receipt this Period
 35.00

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 ▼
 455.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165863

Amount of Each Receipt this Period
 35.00

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 23 OF 166
	<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 ▼ 455.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166435
 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 ▼ 292.64

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165579
 Amount of Each Receipt this Period 22.78
 Memo Item

C. DAHINDEN, GREGORY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20600 SW KAWANDA CT
 City TUALATIN State OR Zip Code 97062
 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 ▼ 292.64

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166126
 Amount of Each Receipt this Period 22.78
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.56
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 166
	<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. 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 ▼ 292.64

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166694
 Amount of Each Receipt this Period 22.78
 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 GROUP INC. Occupation (for Individual) PRESIDENT OF PERSONAL LIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165242
 Amount of Each Receipt this Period 40.00
 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 GROUP INC. Occupation (for Individual) PRESIDENT OF PERSONAL LIN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165790
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.78
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 166
	<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. 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 GROUP INC. Occupation (for Individual) PRESIDENT OF PERSONAL LIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166362
 Amount of Each Receipt this Period 40.00
 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
 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 ▼ 650.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165390
 Amount of Each Receipt this Period 50.00
 Memo Item

C. DAVIS, DIANE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32706 SE 76TH STREET
 City FALL CITY State WA Zip Code 98024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) PRESIDENT OF FARMERS NEW
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165937
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DAVIS, DIANE C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32706 SE 76TH STREET
 City FALL CITY State WA Zip Code 98024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) PRESIDENT OF FARMERS NEW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166508
 Amount of Each Receipt this Period 50.00
 Memo Item

B. DECKER, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11904 BLUE WAY AVE
 City OKLAHOMA CITY State OK Zip Code 73162
 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 ▼ 845.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165334
 Amount of Each Receipt this Period 65.00
 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 ▼ 845.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165882
 Amount of Each Receipt this Period 65.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 27 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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 ▼
 845.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166454

Amount of Each Receipt this Period
 65.00

Memo Item

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

Mailing Address 16937 GAULT 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) ASSISTANT TREASURER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165571

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DENICHOLAS, JAMES, , ,

Mailing Address 16937 GAULT 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) ASSISTANT TREASURER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166118

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 28 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. DENICHOLAS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16937 GAULT 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) ASSISTANT TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166686
 Amount of Each Receipt this Period 20.00
 Memo Item

B. DENIS, PATTI C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10473 CANOSA WAY
 City WESTMINSTER State CO Zip Code 80234
 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165437
 Amount of Each Receipt this Period 20.00
 Memo Item

C. DENIS, PATTI C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10473 CANOSA WAY
 City WESTMINSTER State CO Zip Code 80234
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165984
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 166
	<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. DENIS, PATTI C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10473 CANOSA WAY

City WESTMINSTER	State CO	Zip Code 80234
---------------------	-------------	-------------------

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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166555

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 951 FIRESTONE CIRCLE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 466.71

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165609

Amount of Each Receipt this Period
 36.52

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 ▼
 466.71

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166156

Amount of Each Receipt this Period
 36.52

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	93.04
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address **951 FIRESTONE CIRCLE**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.71**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : INCA166724

Amount of Each Receipt this Period

36.52

 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
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.07**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2018

Transaction ID : INCA165408

Amount of Each Receipt this Period

30.17

 Memo Item

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

Mailing Address **50 GLENVIEW DR. SE**

City GRAND RAPIDS TOWNS	State MI	Zip Code 49506
-----------------------------------	--------------------	--------------------------

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 ▼ **385.07**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2018

Transaction ID : INCA165955

Amount of Each Receipt this Period

30.17

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.86
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 31 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.07

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166526
 Amount of Each Receipt this Period 30.17
 Memo Item

B. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165638
 Amount of Each Receipt this Period 20.00
 Memo Item

C. DROUBAY, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7504 191ST ST SW
 City LYNNWOOD State WA Zip Code 98036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) PROGRAM MANAGER II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166185
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.17
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 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166752

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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165555

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166102

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166671
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165751
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166296
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DUNN, BRADLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20207 PIEDRA CHICA ROAD

City MALIBU	State CA	Zip Code 90265
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166863

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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165280

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165828

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166400
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165582
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166129
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166697
 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165574
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166121
 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 37 OF 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. EVANS, PATRICIA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 VISTA DRIVE
 City GLENDALE State CA Zip Code 91201
 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 ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166689
 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 ▼ 321.36

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165358
 Amount of Each Receipt this Period 24.72
 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 ▼ 321.36

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165906
 Amount of Each Receipt this Period 24.72
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	74.44
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 321.36

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166478
 Amount of Each Receipt this Period 24.72
 Memo Item

B. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165382
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165929
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	64.72
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 39 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166500
 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
 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 ▼ 390.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA166509
 Amount of Each Receipt this Period 30.00
 Memo Item

C. FELKS, TIMOTHY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 357 CHERRY HILLS COURT
 City NEWBURY PARK State CA Zip Code 91320
 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 ▼ 390.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166056
 Amount of Each Receipt this Period 30.00
 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 40 OF 166
	<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 ▼ 390.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166626
 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 ▼ 520.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165700
 Amount of Each Receipt this Period 40.00
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166246
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 520.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166813
 Amount of Each Receipt this Period 40.00
 Memo Item

B. FENU, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 TIMACUAN BLVD.
 City LAKE MARY State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) SERVICE OPERATIONS DIRECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165243
 Amount of Each Receipt this Period 20.00
 Memo Item

C. FENU, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 TIMACUAN BLVD.
 City LAKE MARY State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) SERVICE OPERATIONS DIRECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165791
 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 42 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. FENU, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 748 TIMACUAN BLVD.

City LAKE MARY	State FL	Zip Code 32746
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) SERVICE OPERATIONS DIRECT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166363

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 ▼
 1153.88

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165628

Amount of Each Receipt this Period
 91.35

Memo Item

C. FERNANDEZ, SHARON R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10530 PEMBRIAR CIRCLE

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) PRESIDENT BUSINESS INSURA
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1153.88

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166175

Amount of Each Receipt this Period
 91.35

Memo Item

SUBTOTAL of Receipts This Page (optional).....	202.70
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. FERNANDEZ, SHARON R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10530 PEMBRIAR CIRCLE

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

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 ▼
 1153.88

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166742

Amount of Each Receipt this Period
 91.35

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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165362

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165910

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	131.35
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166482
 Amount of Each Receipt this Period 20.00
 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 ▼ 780.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165649
 Amount of Each Receipt this Period 60.00
 Memo Item

C. FOLEY, PAUL F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 SW 17TH ST
 City BOCA RATON State FL Zip Code 33486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) CHIEF OPERATING OFFICER,
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166196
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 45 OF 166
	<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 ▼ 780.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166763
 Amount of Each Receipt this Period 60.00
 Memo Item

B. FOURNELL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 594 27TH STREET
 City MANHATTAN BEACH State CA Zip Code 90266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HEAD OF AGENCY MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165622
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166169
 Amount of Each Receipt this Period 20.00
 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 46 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166737
 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 ▼ 220.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165699
 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 ▼ 513.78

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165629
 Amount of Each Receipt this Period 40.76
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.76
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 47 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 513.78

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166176
 Amount of Each Receipt this Period 40.76
 Memo Item

B. FREELIN, HEATHER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1504 CHESTNUT AVE.
 City MANHATTAN BEACH State CA Zip Code 90266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) CORPORATE LITIGATION SUPE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 513.78

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166743
 Amount of Each Receipt this Period 40.76
 Memo Item

C. GALITSKI, FRANK V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11700 RED OAK VALLEY LANE
 City AUSTIN State TX Zip Code 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) DIRECTOR GOVERNMENT AFFAI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 316.55

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165368
 Amount of Each Receipt this Period 24.77
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	106.29
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 316.55

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165915
 Amount of Each Receipt this Period 24.77
 Memo Item

B. GALITSKI, FRANK V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11700 RED OAK VALLEY LANE
 City AUSTIN State TX Zip Code 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) DIRECTOR GOVERNMENT AFFAI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 316.55

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166487
 Amount of Each Receipt this Period 24.77
 Memo Item

C. GANNON, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 RIVERWOOD RD.
 City ALEXANDRIA State VA Zip Code 22309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HD OF FEDERAL & EASTERN S
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 586.30

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165732
 Amount of Each Receipt this Period 45.10
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.64
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 49 OF 166
	<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 ▼
 586.30

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166278

Amount of Each Receipt this Period
 45.10

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 ▼
 586.30

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166845

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

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 ▼
 650.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165374

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.20
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 166
	<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. 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 ▼
 650.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165921

Amount of Each Receipt this Period
 50.00

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 ▼
 650.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166493

Amount of Each Receipt this Period
 50.00

Memo Item

C. GILMARTIN, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1035 OTTAWA DR

City CLAREMONT	State CA	Zip Code 91711
-------------------	-------------	-------------------

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 ▼
 221.26

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165399

Amount of Each Receipt this Period
 17.02

Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.02
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 51 OF 166
	<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. 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 ▼
 221.26

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165946

Amount of Each Receipt this Period
 17.02

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 ▼
 221.26

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166517

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 AND NON
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 585.15

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165554

Amount of Each Receipt this Period
 45.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.59
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 52 OF 166
	<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. 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 AND NON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.15

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166101
 Amount of Each Receipt this Period 45.55
 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 AND NON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.15

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166670
 Amount of Each Receipt this Period 45.55
 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165604
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	111.10
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 53 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166151
 Amount of Each Receipt this Period 20.00
 Memo Item

B. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166719
 Amount of Each Receipt this Period 20.00
 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165662
 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 54 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166209
 Amount of Each Receipt this Period 25.00
 Memo Item

B. HACKLING, CARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 RIDGE POINT DR
 City SUWANEE State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HEAD OF DISTRIBUTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166776
 Amount of Each Receipt this Period 25.00
 Memo Item

C. HALLIGAN, DENNIS M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16300 WYNSTONE LN
 City AUSTIN State TX Zip Code 78717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE Occupation (for Individual) LITIGATION SPECIALIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165537
 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 55 OF 166
	<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. HARM, THERESA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2614 PENNLYN DR
 City BOOTHWYN State PA Zip Code 19061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HEAD OF 21ST FINANCIAL PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165250
 Amount of Each Receipt this Period 20.00
 Memo Item

B. HARM, THERESA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2614 PENNLYN DR
 City BOOTHWYN State PA Zip Code 19061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HEAD OF 21ST FINANCIAL PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165798
 Amount of Each Receipt this Period 20.00
 Memo Item

C. HARM, THERESA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2614 PENNLYN DR
 City BOOTHWYN State PA Zip Code 19061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HEAD OF 21ST FINANCIAL PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166370
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HARTLEY, KATHLEEN D, , ,			Date of Receipt										
Mailing Address 2905 GREENWICH RD			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>01</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		01		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		01		2018									
City GLENDALE	State CA	Zip Code 91206	Transaction ID : INCA165289										
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 19.64										
Name of Employer (for Individual) FARMERS GROUP INC.		Occupation (for Individual) PROJECT MANAGER IV	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.32												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HARTLEY, KATHLEEN D, , ,			Date of Receipt										
Mailing Address 2905 GREENWICH RD			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>15</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		15		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		15		2018									
City GLENDALE	State CA	Zip Code 91206	Transaction ID : INCA165837										
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 19.64										
Name of Employer (for Individual) FARMERS GROUP INC.		Occupation (for Individual) PROJECT MANAGER IV	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.32												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HARTLEY, KATHLEEN D, , ,			Date of Receipt										
Mailing Address 2905 GREENWICH RD			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>29</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		29		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		29		2018									
City GLENDALE	State CA	Zip Code 91206	Transaction ID : INCA166409										
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 19.64										
Name of Employer (for Individual) FARMERS GROUP INC.		Occupation (for Individual) PROJECT MANAGER IV	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 255.32												

SUBTOTAL of Receipts This Page (optional).....▶	58.92
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 57 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165608

Amount of Each Receipt this Period
 20.00

Memo Item

B. HARTSUYKER, CRAIG L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1356 HARMONY COURT

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

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) REGIONAL HEAD OF CLAIMS L
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166155

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166723

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165429
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165976
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166547
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 166
	<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
----------------------	-------------	-------------------

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 ▼
 784.04

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165346

Amount of Each Receipt this Period
 61.35

Memo Item

B. 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 ▼
 784.04

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165894

Amount of Each Receipt this Period
 61.35

Memo Item

C. 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 ▼
 784.04

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166466

Amount of Each Receipt this Period
 61.35

Memo Item

SUBTOTAL of Receipts This Page (optional).....	184.05
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 EAPL SERVICE OPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165562
 Amount of Each Receipt this Period 30.00
 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 EAPL SERVICE OPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166109
 Amount of Each Receipt this Period 30.00
 Memo Item

C. 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 EAPL SERVICE OPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166678
 Amount of Each Receipt this Period 30.00
 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: PAGE 61 OF 166
(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. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165587
 Amount of Each Receipt this Period 20.00
 Memo Item

B. HERTER, MARK W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 MULLAGHBOY RD
 City GLENDORA State CA Zip Code 91741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) CREDIT UNION CHIEF EXECUT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166134
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166702
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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) CHIEF CLAIMS OFFICER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165460

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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) CHIEF CLAIMS OFFICER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166007

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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) CHIEF CLAIMS OFFICER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166578

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 166
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 HUDSON, KENNETH D, , ,

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 ▼
 481.46

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165466

Amount of Each Receipt this Period
 37.38

Memo Item

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

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 ▼
 481.46

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166013

Amount of Each Receipt this Period
 37.38

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 HUDSON, KENNETH D, , ,

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 ▼
 481.46

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166584

Amount of Each Receipt this Period
 37.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.14
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 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HUYSER, JULIE L, , ,			Date of Receipt
Mailing Address 7921 SERENITY DR			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2018"/>
City MIDDLEVILLE	State MI	Zip Code 49333	Transaction ID : INCA165420
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="24.31"/>
Name of Employer (for Individual) FARMERS GROUP INC.		Occupation (for Individual) PL PRODUCT DEV MGR-HO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="310.29"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HUYSER, JULIE L, , ,			Date of Receipt
Mailing Address 7921 SERENITY DR			<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City MIDDLEVILLE	State MI	Zip Code 49333	Transaction ID : INCA165967
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="24.31"/>
Name of Employer (for Individual) FARMERS GROUP INC.		Occupation (for Individual) PL PRODUCT DEV MGR-HO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="310.29"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HUYSER, JULIE L, , ,			Date of Receipt
Mailing Address 7921 SERENITY DR			<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2018"/>
City MIDDLEVILLE	State MI	Zip Code 49333	Transaction ID : INCA166538
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="24.31"/>
Name of Employer (for Individual) FARMERS GROUP INC.		Occupation (for Individual) PL PRODUCT DEV MGR-HO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="310.29"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="72.93"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165468
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166015
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166586
 Amount of Each Receipt this Period 25.00
 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 66 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165631

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166178

Amount of Each Receipt this Period
 20.00

Memo Item

C. INGHAM, JOHN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 W 3RD STREET 1108

City AUSTIN	State TX	Zip Code 78701
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166745

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 166
	<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. 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 ▼
 650.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165370

Amount of Each Receipt this Period
 50.00

Memo Item

B. 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 ▼
 650.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165917

Amount of Each Receipt this Period
 50.00

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 ▼
 650.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166489

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 390.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165659

Amount of Each Receipt this Period
 30.00

Memo Item

B. 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 ▼
 390.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166206

Amount of Each Receipt this Period
 30.00

Memo Item

C. 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 ▼
 390.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166773

Amount of Each Receipt this Period
 30.00

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 69 OF 166
	<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, 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165561
 Amount of Each Receipt this Period 20.00
 Memo Item

B. JOHNSON, RODNEY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24200 N ALMA SCHOOL RD 7
 City SCOTTSDALE State AZ Zip Code 85255
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166108
 Amount of Each Receipt this Period 20.00
 Memo Item

C. JOHNSON, RODNEY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24200 N ALMA SCHOOL RD 7
 City SCOTTSDALE State AZ Zip Code 85255
 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166677
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165611
 Amount of Each Receipt this Period 20.00
 Memo Item

B. KAPLAN, VLADIMIR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16919 LORNE ST
 City VAN NUYS State CA Zip Code 91406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) CUSTOMER EXPERIENCE MANAG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166158
 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166726
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165657

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 480 LANE DR.

City BAY VILLAGE	State OH	Zip Code 44140
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) PRESIDENT OF BRISTOL WEST
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166204

Amount of Each Receipt this Period
 20.00

Memo Item

C. KAPPLER, ERIC E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 480 LANE DR.

City BAY VILLAGE	State OH	Zip Code 44140
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) PRESIDENT OF BRISTOL WEST
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166771

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 166
	<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. KAY, ROBERT G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2756 WEATHERSTONE DRIVE

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) DIRECTOR OF EXPANSION MAR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165477

Amount of Each Receipt this Period
 25.00

Memo Item

B. KAY, ROBERT G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2756 WEATHERSTONE DRIVE

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) DIRECTOR OF EXPANSION MAR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166024

Amount of Each Receipt this Period
 25.00

Memo Item

C. KAY, ROBERT G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2756 WEATHERSTONE DRIVE

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) DIRECTOR OF EXPANSION MAR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166594

Amount of Each Receipt this Period
 25.00

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 73 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165565
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166112
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166680
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165503

Amount of Each Receipt this Period
 20.00

Memo Item

B. KITTS, SHAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14022 W 146TH ST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166050

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166620

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165573
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166120
 Amount of Each Receipt this Period 20.00
 Memo Item

C. KLUTE, PETER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 BATAAN ROAD
 City REDONDO BEACH State CA Zip Code 90278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HEAD OF EXCHANGES FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166688
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 166
	<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
-------------------	-------------	-------------------

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 ▼
 539.28

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165394

Amount of Each Receipt this Period
 42.14

Memo Item

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

Mailing Address 33401 NE 78TH ST

City CARNATION	State WA	Zip Code 98014
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 539.28

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165941

Amount of Each Receipt this Period
 42.14

Memo Item

C. KUNI, JOEL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33401 NE 78TH ST

City CARNATION	State WA	Zip Code 98014
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 539.28

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166512

Amount of Each Receipt this Period
 42.14

Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.42
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 77 OF 166
	<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. 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 UNDERWRITING - PE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165753

Amount of Each Receipt this Period
 30.00

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 UNDERWRITING - PE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166298

Amount of Each Receipt this Period
 30.00

Memo Item

C. LEE, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 949 ELLESMERE WAY

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) HEAD OF UNDERWRITING - PE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166865

Amount of Each Receipt this Period
 30.00

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 78 OF 166
	<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. 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) DIRECTOR OF AGENCY INNOVA
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165725

Amount of Each Receipt this Period
 20.00

Memo Item

B. LEMAN, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1115 EVENSTAR AVE

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) DIRECTOR OF AGENCY INNOVA
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166271

Amount of Each Receipt this Period
 20.00

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) DIRECTOR OF AGENCY INNOVA
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166838

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 166
	<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
-------------------------	-------------	-------------------

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 ▼
 390.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165348

Amount of Each Receipt this Period
 30.00

Memo Item

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

Mailing Address 2020 KEYSTONE DR

City EL DORADO HILLS	State CA	Zip Code 95762
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165896

Amount of Each Receipt this Period
 30.00

Memo Item

C. LEWIS, DANIEL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2020 KEYSTONE DR

City EL DORADO HILLS	State CA	Zip Code 95762
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166468

Amount of Each Receipt this Period
 30.00

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 80 OF 166
	<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. 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 ▼
 402.66

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165677

Amount of Each Receipt this Period
 31.55

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 ▼
 402.66

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166224

Amount of Each Receipt this Period
 31.55

Memo Item

C. LEWIS, MICHELE I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4047 MAURICE DR

City NEWBURY PARK	State CA	Zip Code 91320
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 402.66

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166791

Amount of Each Receipt this Period
 31.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.65
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 81 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165304

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 22435 SKYLAKE PLACE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165852

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166424

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 975.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165624

Amount of Each Receipt this Period
 75.00

Memo Item

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

Mailing Address 2797 RAINFIELD AVENUE

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

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 ▼
 975.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166171

Amount of Each Receipt this Period
 75.00

Memo Item

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

Mailing Address 2797 RAINFIELD AVENUE

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

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 ▼
 975.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166739

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 83 OF 166
	<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. 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 ▼
 262.17

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165375

Amount of Each Receipt this Period
 20.49

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 ▼
 262.17

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165922

Amount of Each Receipt this Period
 20.49

Memo Item

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

Mailing Address 10948 AYRES AVENUE

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

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 ▼
 262.17

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166494

Amount of Each Receipt this Period
 20.49

Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.47
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 84 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165708

Amount of Each Receipt this Period
 20.00

Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166254

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166821

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 166
	<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. 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165697
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166244
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166811
 Amount of Each Receipt this Period 25.00
 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 86 OF 166
	<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. 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) HEAD OF CA AUTO CLAIMS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165665

Amount of Each Receipt this Period
 25.00

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) HEAD OF CA AUTO CLAIMS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166212

Amount of Each Receipt this Period
 25.00

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) HEAD OF CA AUTO CLAIMS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166779

Amount of Each Receipt this Period
 25.00

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 87 OF 166
	<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 ▼ 650.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165271
 Amount of Each Receipt this Period 50.00
 Memo Item

B. MADDEN, TIMOTHY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3322 SOUTH SHAMROCK RD.
 City TAMPA State FL Zip Code 33629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) CHIEF PRODUCT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165819
 Amount of Each Receipt this Period 50.00
 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 ▼ 650.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166391
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 88 OF 166
(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. MANGALATHU PADINJARETHIL SOMAN, ANISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5535 CANOGA AVE APT 135
 City WOODLAND HILLS State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) APL SUB MATTER EXPERT I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165777
 Amount of Each Receipt this Period 25.00
 Memo Item

B. MANGALATHU PADINJARETHIL SOMAN, ANISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5535 CANOGA AVE APT 135
 City WOODLAND HILLS State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) APL SUB MATTER EXPERT I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166321
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MANGALATHU PADINJARETHIL SOMAN, ANISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5535 CANOGA AVE APT 135
 City WOODLAND HILLS State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) APL SUB MATTER EXPERT I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166888
 Amount of Each Receipt this Period 25.00
 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 89 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165643
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166190
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166757
 Amount of Each Receipt this Period 25.00
 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 90 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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 ▼
 481.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165578

Amount of Each Receipt this Period
 37.00

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 ▼
 481.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166125

Amount of Each Receipt this Period
 37.00

Memo Item

C. MCKENNA, MICHAEL K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4202 MISTY HOLLOW CT

City MOORPARK	State CA	Zip Code 93021
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) HEAD OF INTERNAL AUDITING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166693

Amount of Each Receipt this Period
 37.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	111.00
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 91 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. MOOKERJEE, MEGHJIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 SHENANDOAH DRIVE

City NEWARK	State DE	Zip Code 19711
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.92

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165678

Amount of Each Receipt this Period
 17.54

Memo Item

B. MOOKERJEE, MEGHJIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 SHENANDOAH DRIVE

City NEWARK	State DE	Zip Code 19711
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.92

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166225

Amount of Each Receipt this Period
 17.54

Memo Item

C. MOOKERJEE, MEGHJIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 SHENANDOAH DRIVE

City NEWARK	State DE	Zip Code 19711
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.92

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166792

Amount of Each Receipt this Period
 17.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.62
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 166
	<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. 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 OF FARMERS BROK
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 357.50

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165740

Amount of Each Receipt this Period
 27.50

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 OF FARMERS BROK
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 357.50

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166286

Amount of Each Receipt this Period
 27.50

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 OF FARMERS BROK
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 357.50

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166853

Amount of Each Receipt this Period
 27.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	82.50
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 93 OF 166
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165418

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 2054 S CHESANING DR 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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165965

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 2054 S CHESANING DR 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166536

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 166
	<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 ZONE MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 338.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165422

Amount of Each Receipt this Period
 26.00

Memo Item

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

Mailing Address 941 GREENWOOD STREET

City MIDDLEVILLE	State MI	Zip Code 49333
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) FACILITY ZONE MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 338.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165969

Amount of Each Receipt this Period
 26.00

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 ZONE MANAGER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 338.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166540

Amount of Each Receipt this Period
 26.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	78.00
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 95 OF 166
(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. 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165349
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165897
 Amount of Each Receipt this Period 25.00
 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
 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 ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166469
 Amount of Each Receipt this Period 25.00
 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 96 OF 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. 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 ANALYTICS & EX
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165572

Amount of Each Receipt this Period
 21.00

Memo Item

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

Mailing Address 3634 LANG RANCH PKWY

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166119

Amount of Each Receipt this Period
 21.00

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 ANALYTICS & EX
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166687

Amount of Each Receipt this Period
 21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
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 97 OF 166
	<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. 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 ▼
 260.93

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165470

Amount of Each Receipt this Period
 20.26

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 ▼
 260.93

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166017

Amount of Each Receipt this Period
 20.26

Memo Item

C. 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 ▼
 260.93

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166588

Amount of Each Receipt this Period
 20.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.78
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 166
	<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. 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 ▼ 991.25

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165339
 Amount of Each Receipt this Period 76.25
 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 ▼ 991.25

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165887
 Amount of Each Receipt this Period 76.25
 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 ▼ 991.25

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166459
 Amount of Each Receipt this Period 76.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	228.75
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 99 OF 166
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. NUTTING, JAMES, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>01</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		01		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		01		2018									
Mailing Address 1428 COLINA DRIVE			Transaction ID : INCA165566										
City GLENDALE	State CA	Zip Code 91208	Amount of Each Receipt this Period <table border="1"> <tr> <td>47.31</td> </tr> </table>	47.31									
47.31													
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) CHIEF ACTUARY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>605.37</td> </tr> </table>		605.37										
605.37													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NUTTING, JAMES, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>15</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		15		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		15		2018									
Mailing Address 1428 COLINA DRIVE			Transaction ID : INCA166113										
City GLENDALE	State CA	Zip Code 91208	Amount of Each Receipt this Period <table border="1"> <tr> <td>47.31</td> </tr> </table>	47.31									
47.31													
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) CHIEF ACTUARY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>605.37</td> </tr> </table>		605.37										
605.37													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. NUTTING, JAMES, , ,			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>29</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		29		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
06		29		2018									
Mailing Address 1428 COLINA DRIVE			Transaction ID : INCA166681										
City GLENDALE	State CA	Zip Code 91208	Amount of Each Receipt this Period <table border="1"> <tr> <td>47.31</td> </tr> </table>	47.31									
47.31													
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) CHIEF ACTUARY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>605.37</td> </tr> </table>		605.37										
605.37													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>141.93</td> </tr> </table>	141.93
141.93		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼
 520.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165373

Amount of Each Receipt this Period
 40.00

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 ▼
 520.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165920

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 1046 W 27TH STREET

City SAN PEDRO	State CA	Zip Code 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 ▼
 520.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166492

Amount of Each Receipt this Period
 40.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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 UNIT D

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 ▼
 205.66

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165667

Amount of Each Receipt this Period
 16.03

Memo Item

B. OLSSON, JILLIAN CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1662 OLDCASTLE PLACE UNIT D

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 ▼
 205.66

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166214

Amount of Each Receipt this Period
 16.03

Memo Item

C. OLSSON, JILLIAN CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1662 OLDCASTLE PLACE UNIT D

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 ▼
 205.66

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166781

Amount of Each Receipt this Period
 16.03

Memo Item

SUBTOTAL of Receipts This Page (optional).....	48.09
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 166
<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. 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 ▼ 390.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165383
 Amount of Each Receipt this Period 30.00
 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 ▼ 390.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165930
 Amount of Each Receipt this Period 30.00
 Memo Item

C. 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 ▼ 390.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166501
 Amount of Each Receipt this Period 30.00
 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 103 OF 166
	<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. 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 ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165423
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165970
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166541
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 166
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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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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 ▼
 331.11

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165502

Amount of Each Receipt this Period
 25.47

Memo Item

B. 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 ▼
 331.11

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166049

Amount of Each Receipt this Period
 25.47

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 ▼
 331.11

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166619

Amount of Each Receipt this Period
 25.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 166
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<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. 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 INS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165376

Amount of Each Receipt this Period
 20.00

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 INS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165923

Amount of Each Receipt this Period
 20.00

Memo Item

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

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

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) GENERAL COUNSEL - FARMERS INS
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166495

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 166
	<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. 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165297
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 325.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165845
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 325.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166417
 Amount of Each Receipt this Period 25.00
 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 107 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165405

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165952

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 10 WILKES CT

City NEWNAN	State GA	Zip Code 30263
----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) SR. FIELD TERRITORY MANAG
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166523

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. PEPPER, JEFFREY L, , ,

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 ▼
 558.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2018

Transaction ID : INCA165425

Amount of Each Receipt this Period
 43.27

Memo Item

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

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 ▼
 558.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2018

Transaction ID : INCA165972

Amount of Each Receipt this Period
 43.27

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PEPPER, JEFFREY L, , ,

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 ▼
 558.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : INCA166543

Amount of Each Receipt this Period
 43.27

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	129.81
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼
 845.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165254

Amount of Each Receipt this Period
 65.00

Memo Item

B. 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 ▼
 845.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165802

Amount of Each Receipt this Period
 65.00

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 ▼
 845.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166374

Amount of Each Receipt this Period
 65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 393.52

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165330
 Amount of Each Receipt this Period 30.75
 Memo Item

B. 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 ▼ 393.52

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165878
 Amount of Each Receipt this Period 30.75
 Memo Item

C. PICKETT, MICHAEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8105 W 130TH STREET
 City OVERLAND PARK State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) AREA SALES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 393.52

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166450
 Amount of Each Receipt this Period 30.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.25
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 111 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. POPP, MAURA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 MERION AVE.
 City HADDONFIELD State NJ Zip Code 08033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) DEPUTY GEN COUNSEL 21ST C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165251
 Amount of Each Receipt this Period 20.00
 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165799
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166371
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼ 390.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165246
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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 ▼ 390.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165794
 Amount of Each Receipt this Period 30.00
 Memo Item

C. 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 ▼ 390.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166366
 Amount of Each Receipt this Period 30.00
 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 113 OF 166
	<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. PUTNAM, JOSHUA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 3RD AVE SW

City PACIFIC	State WA	Zip Code 98047
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) LIFE MARKETING MGR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 267.99

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165618

Amount of Each Receipt this Period
 20.97

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 GROUP INC.	Occupation (for Individual) LIFE MARKETING MGR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 267.99

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166165

Amount of Each Receipt this Period
 20.97

Memo Item

C. PUTNAM, JOSHUA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 3RD AVE SW

City PACIFIC	State WA	Zip Code 98047
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) LIFE MARKETING MGR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 267.99

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166733

Amount of Each Receipt this Period
 20.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.91
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 114 OF 166
	<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. 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 ▼ 447.13

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165684
 Amount of Each Receipt this Period 35.03
 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 ▼ 447.13

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166231
 Amount of Each Receipt this Period 35.03
 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 ▼ 447.13

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166798
 Amount of Each Receipt this Period 35.03
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.09
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 115 OF 166
	<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. 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 ▼
 715.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165355

Amount of Each Receipt this Period
 55.00

Memo Item

B. 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 ▼
 715.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165903

Amount of Each Receipt this Period
 55.00

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 ▼
 715.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166475

Amount of Each Receipt this Period
 55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
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 116 OF 166
	<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. 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 ▼
 325.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165427

Amount of Each Receipt this Period
 25.00

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 ▼
 325.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165974

Amount of Each Receipt this Period
 25.00

Memo Item

C. 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 ▼
 325.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166545

Amount of Each Receipt this Period
 25.00

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: PAGE 117 OF 166
(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. 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2018
Transaction ID : INCA165784
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2018
Transaction ID : INCA166328
 Amount of Each Receipt this Period 25.00
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018
Transaction ID : INCA166895
 Amount of Each Receipt this Period 25.00
 Memo Item

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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
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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 ▼
 311.48

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165273

Amount of Each Receipt this Period
 23.96

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 ▼
 311.48

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165821

Amount of Each Receipt this Period
 23.96

Memo Item

C. ROMERO, DONNA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28111 CASCABEL

City MISSION VIEJO	State CA	Zip Code 92692
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 311.48

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166393

Amount of Each Receipt this Period
 23.96

Memo Item

SUBTOTAL of Receipts This Page (optional).....	71.88
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 166
	<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. 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 ▼
 975.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165623

Amount of Each Receipt this Period
 75.00

Memo Item

B. RUGGIERO, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11262 CRENSHAW STREET

City MOORPARK	State CA	Zip Code 93021
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) HD OF COMM LINES P&C & CO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166170

Amount of Each Receipt this Period
 75.00

Memo Item

C. RUGGIERO, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11262 CRENSHAW STREET

City MOORPARK	State CA	Zip Code 93021
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) HD OF COMM LINES P&C & CO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166738

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 120 OF 166
	<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. 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 PRODUC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165748

Amount of Each Receipt this Period
 20.00

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 PRODUC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166293

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 PRODUC
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166860

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 166
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 8036 CANOPY TERRACE

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

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 ▼
 890.11

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165645

Amount of Each Receipt this Period
 69.38

Memo Item

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

Mailing Address 8036 CANOPY TERRACE

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) HEAD OF INDEPENDENT AGENC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 890.11

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166192

Amount of Each Receipt this Period
 69.38

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 ▼
 890.11

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166759

Amount of Each Receipt this Period
 69.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.14
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. SANAZARO-HERNANDEZ, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1012 WEST BEVERLY BLVD #304 #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 FBS & CORP SERVICES
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 634.30

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165544

Amount of Each Receipt this Period
 49.25

Memo Item

B. SANAZARO-HERNANDEZ, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1012 WEST BEVERLY BLVD #304 #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 FBS & CORP SERVICES
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 634.30

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166091

Amount of Each Receipt this Period
 49.25

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 #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 FBS & CORP SERVICES
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 634.30

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166660

Amount of Each Receipt this Period
 49.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.75
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 123 OF 166
(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. 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 ▼
 650.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165366

Amount of Each Receipt this Period
 50.00

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 ▼
 650.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165913

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼
 650.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166485

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 166
	<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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165294

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165842

Amount of Each Receipt this Period
 20.00

Memo Item

C. SELIN, BRUCE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1351 BRECKFORD CT

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

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) BUSINESS TECHNOLOGY DIREC
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166414

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 166
	<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. 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 ▼
 719.51

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165606

Amount of Each Receipt this Period
 56.23

Memo Item

B. SGOUREVA, RUSSINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 TIVERTON AVE

City LOS ANGELES	State CA	Zip Code 90024
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) HEAD OF BUSINESS TECH TRA
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 719.51

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166153

Amount of Each Receipt this Period
 56.23

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 ▼
 719.51

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166721

Amount of Each Receipt this Period
 56.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	168.69
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 126 OF 166
	<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. 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 ▼ 520.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165679
 Amount of Each Receipt this Period 40.00
 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 ▼ 520.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA166226
 Amount of Each Receipt this Period 40.00
 Memo Item

C. SHAW, ANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2088 CHESWICK LANE
 City AURORA State IL Zip Code 60503
 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 ▼ 520.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166793
 Amount of Each Receipt this Period 40.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 166
	<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. 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
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 272.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2018

Transaction ID : INCA165616

Amount of Each Receipt this Period
 21.28

Memo Item

B. SHIBEL, STEVEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 349 N IRVING BLVD

City LOS ANGELES	State CA	Zip Code 90004
---------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) BUSINESS ANALYSIS SUPERVI
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 272.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2018

Transaction ID : INCA166163

Amount of Each Receipt this Period
 21.28

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
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 272.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : INCA166731

Amount of Each Receipt this Period
 21.28

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	63.84
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 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 455.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165531

Amount of Each Receipt this Period
 35.00

Memo Item

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

Mailing Address 25809 FLEMMING PLACE

City STEVENSON RANCH	State CA	Zip Code 91381
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 455.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166078

Amount of Each Receipt this Period
 35.00

Memo Item

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

Mailing Address 25809 FLEMMING PLACE

City STEVENSON RANCH	State CA	Zip Code 91381
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 455.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166648

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 129 OF 166
	<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. 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 ▼
 325.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165371

Amount of Each Receipt this Period
 25.00

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 ▼
 325.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165918

Amount of Each Receipt this Period
 25.00

Memo Item

C. SIEGFRIED, CAROL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 PLEASANT DRIVE

City NOTTINGHAM	State PA	Zip Code 19362
--------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) CHIEF RISK OFFICER, FARME
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166490

Amount of Each Receipt this Period
 25.00

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 130 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165733

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166279

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166846

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 166
	<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. 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 ▼
 236.59

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165621

Amount of Each Receipt this Period
 18.63

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 ▼
 236.59

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166168

Amount of Each Receipt this Period
 18.63

Memo Item

C. 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 ▼
 236.59

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166736

Amount of Each Receipt this Period
 18.63

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.89
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 132 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SMITH, ROY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1130 MONTEREY ROAD

City HERMOSA BEACH	State CA	Zip Code 90254
-----------------------	-------------	-------------------

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 ▼
 1365.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165316

Amount of Each Receipt this Period
 105.00

Memo Item

B. SMITH, ROY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1130 MONTEREY ROAD

City HERMOSA BEACH	State CA	Zip Code 90254
-----------------------	-------------	-------------------

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 ▼
 1365.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165864

Amount of Each Receipt this Period
 105.00

Memo Item

C. SMITH, ROY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1130 MONTEREY ROAD

City HERMOSA BEACH	State CA	Zip Code 90254
-----------------------	-------------	-------------------

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 ▼
 1365.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166436

Amount of Each Receipt this Period
 105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.00
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 133 OF 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SMITH, STEPHANIE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44089 NOWLAND DR
 City CANTON State MI Zip Code 48188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) DIRECTOR OF SALES TRAININ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.62

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165410
 Amount of Each Receipt this Period 19.29
 Memo Item

B. 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) DIRECTOR OF SALES TRAININ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.62

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165957
 Amount of Each Receipt this Period 24.62
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) DIRECTOR OF SALES TRAININ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.62

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166528
 Amount of Each Receipt this Period 24.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SMITH, 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) CLAIMS COVERAGE ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165758

Amount of Each Receipt this Period
 20.00

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) CLAIMS COVERAGE ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166303

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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) CLAIMS COVERAGE ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166870

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼
 384.95

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165564

Amount of Each Receipt this Period
 34.48

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 ▼
 384.95

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166111

Amount of Each Receipt this Period
 13.79

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

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 ▼
 325.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165575

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	73.27
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 166
	<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. 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 ▼
 325.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166122

Amount of Each Receipt this Period
 25.00

Memo Item

B. 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 ▼
 325.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166690

Amount of Each Receipt this Period
 25.00

Memo Item

C. STANTON, CHRISTINE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8925 KETCH RD

City PLAIN CITY	State OH	Zip Code 43064
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165393

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 137 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165940

Amount of Each Receipt this Period
 20.00

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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166511

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 ▼
 357.81

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165335

Amount of Each Receipt this Period
 27.89

Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.89
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 138 OF 166
	<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. 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 ▼
 357.81

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165883

Amount of Each Receipt this Period
 27.89

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 ▼
 357.81

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166455

Amount of Each Receipt this Period
 27.89

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 ▼
 1345.76

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165654

Amount of Each Receipt this Period
 103.52

Memo Item

SUBTOTAL of Receipts This Page (optional).....	159.30
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 166
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SYLVAN, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 BINGHAM COURT

City BRATENAHL	State OH	Zip Code 44108
-------------------	-------------	-------------------

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 ▼
 1345.76

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166201

Amount of Each Receipt this Period
 103.52

Memo Item

B. SYLVAN, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 BINGHAM COURT

City BRATENAHL	State OH	Zip Code 44108
-------------------	-------------	-------------------

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 ▼
 1345.76

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166768

Amount of Each Receipt this Period
 103.52

Memo Item

C. TAYLOR, JAMES C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 HAVERFORD AVE

City PACIFIC PALISAD	State CA	Zip Code 90272
-------------------------	-------------	-------------------

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 ▼
 589.92

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165274

Amount of Each Receipt this Period
 46.10

Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.14
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 140 OF 166
(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. 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 ▼ 589.92

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165822
 Amount of Each Receipt this Period 46.10
 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 ▼ 589.92

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166394
 Amount of Each Receipt this Period 46.10
 Memo Item

C. 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 ▼ 640.89

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165369
 Amount of Each Receipt this Period 50.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 142.28
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 141 OF 166
	<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. 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 ▼ 640.89

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165916
 Amount of Each Receipt this Period 50.08
 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
 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 ▼ 640.89

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166488
 Amount of Each Receipt this Period 50.08
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) HD OF AGENCY COMPLIANCE &
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 593.19

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165344
 Amount of Each Receipt this Period 45.63
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.79
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 166
	<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. TWEEDY, KIRK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 312 VIRGO COURT

City THOUSAND OAKS	State CA	Zip Code 91360
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS GROUP INC.	Occupation (for Individual) HD OF AGENCY COMPLIANCE &
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 593.19

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165892

Amount of Each Receipt this Period
 45.63

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 GROUP INC.	Occupation (for Individual) HD OF AGENCY COMPLIANCE &
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 593.19

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166464

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 ▼
 493.14

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165705

Amount of Each Receipt this Period
 38.44

Memo Item

SUBTOTAL of Receipts This Page (optional).....	129.70
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 143 OF 166
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. UPSON, STACEY, , ,

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 ▼
 493.14

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166251

Amount of Each Receipt this Period
 38.44

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. UPSON, STACEY, , ,

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 ▼
 493.14

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166818

Amount of Each Receipt this Period
 38.44

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. VARNEY, MICHAEL G, , ,

Mailing Address 205 ARBOR CT

City STERRETT	State AL	Zip Code 35147
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) MARKET LEADER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165351

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	101.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 166
	<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. VARNEY, MICHAEL G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 ARBOR CT

City STERRETT	State AL	Zip Code 35147
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) MARKET LEADER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165899

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 205 ARBOR CT

City STERRETT	State AL	Zip Code 35147
------------------	-------------	-------------------

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

Name of Employer (for Individual) FARMERS INSURANCE EXCHANGE	Occupation (for Individual) MARKET LEADER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166471

Amount of Each Receipt this Period
 25.00

Memo Item

C. 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 ▼
 588.38

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165300

Amount of Each Receipt this Period
 45.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.26
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 145 OF 166
	<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. 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 ▼ 588.38

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165848
 Amount of Each Receipt this Period 45.26
 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
 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 ▼ 588.38

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166420
 Amount of Each Receipt this Period 45.26
 Memo Item

C. WAVERING, GARY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1292 PORTILLO LANE
 City LAKE ARROWHEAD State CA Zip Code 92352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMERS GROUP INC. Occupation (for Individual) CORPORATE SENIOR TAX MANA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 489.22

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165577
 Amount of Each Receipt this Period 38.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	128.75
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 146 OF 166
	<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. 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 ▼
 489.22

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166124

Amount of Each Receipt this Period
 38.23

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 ▼
 489.22

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166692

Amount of Each Receipt this Period
 38.23

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 ▼
 650.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165738

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.46
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 147 OF 166
	<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. 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 ▼
 650.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166284

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 11988 WOOD RANCH ROAD

City GRANADA HILLS	State CA	Zip Code 91344
-----------------------	-------------	-------------------

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 ▼
 650.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166851

Amount of Each Receipt this Period
 50.00

Memo Item

C. 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) SALES COACH
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 204.24

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165630

Amount of Each Receipt this Period
 16.35

Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 166
	<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, 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) SALES COACH
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.24

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166177

Amount of Each Receipt this Period
 16.35

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) SALES COACH
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.24

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166744

Amount of Each Receipt this Period
 16.35

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 ▼
 325.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165721

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.70
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 149 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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, 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 ▼
 325.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166267

Amount of Each Receipt this Period
 25.00

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 ▼
 325.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166834

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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165713

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 150 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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, 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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166259

Amount of Each Receipt this Period
 20.00

Memo Item

B. 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166826

Amount of Each Receipt this Period
 20.00

Memo Item

C. 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 ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165269

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 166
	<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, 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 ▼ 260.00

Date of Receipt 06 / 15 / 2018
Transaction ID : INCA165817
 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 ▼ 260.00

Date of Receipt 06 / 29 / 2018
Transaction ID : INCA166389
 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 ▼ 325.00

Date of Receipt 06 / 01 / 2018
Transaction ID : INCA165703
 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: PAGE 152 OF 166
(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. WILLIAMS-ABREGO, LUCY M, , ,

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 ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2018

Transaction ID : INCA166249

Amount of Each Receipt this Period
 25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WILLIAMS-ABREGO, LUCY M, , ,

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 ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : INCA166816

Amount of Each Receipt this Period
 25.00

Memo Item

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

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 ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2018

Transaction ID : INCA165338

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 153 OF 166
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<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. 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 ▼
 260.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA165886

Amount of Each Receipt this Period
 20.00

Memo Item

B. WINTERING, CHRISTOPHER R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼
 260.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166458

Amount of Each Receipt this Period
 20.00

Memo Item

C. WITTMAN, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 SW 13TH ST

City OAK GROVE	State MO	Zip Code 64075-8500
-------------------	-------------	------------------------

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 ▼
 212.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165512

Amount of Each Receipt this Period
 17.04

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 166
	<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 ▼
 212.00

Date of Receipt
 06 / 15 / 2018
Transaction ID : INCA166059

Amount of Each Receipt this Period
 17.04

Memo Item

B. 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 ▼
 212.00

Date of Receipt
 06 / 29 / 2018
Transaction ID : INCA166629

Amount of Each Receipt this Period
 17.04

Memo Item

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

Mailing Address 12461 W GENTLE RAIN RD

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) HR BUSINESS PARTNER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 01 / 2018
Transaction ID : INCA165283

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.08
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 155 OF 166
	<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. WOLF, TERRI S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12461 W GENTLE RAIN RD

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) HR BUSINESS PARTNER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA165831

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 12461 W GENTLE RAIN RD

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) HR BUSINESS PARTNER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166403

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 ▼
 325.00

Date of Receipt
 06 / 01 / 2018

Transaction ID : INCA165595

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: PAGE 156 OF 166
(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
 WRIGHT, HEATHER N, , ,

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 ▼
 325.00

Date of Receipt
 06 / 15 / 2018

Transaction ID : INCA166142

Amount of Each Receipt this Period
 25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 WRIGHT, HEATHER N, , ,

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 ▼
 325.00

Date of Receipt
 06 / 29 / 2018

Transaction ID : INCA166710

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	14276.66

**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. BILL FOSTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2018

Mailing Address P.O. BOX 9104

FEC Identification Number

C C00435099

City AURORA State IL Zip Code 60598

Transaction ID : EXPB166342

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

FOSTER, WILLIAM G., , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: IL District: 11

Memo Item

Full Name (Last, First, Middle Initial)

B. BUILDING LEADERSHIP AND INSPIRING NEW ENTERPRISE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2018

Mailing Address P.O. BOX 96

FEC Identification Number

C C00489427

City ST. ELIZABETH State MO Zip Code 65075

Transaction ID : EXPB166353

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

PAC, LEADERSHIP, , ,

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. CARLOS CURBELO CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

Mailing Address 8724 SW 72ND STREET

FEC Identification Number

C C00546846

City Miami State FL Zip Code 33173

Transaction ID : EXPB166340

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

1500.00

Candidate Name

CURBELO, CARLOS, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: FL District: 26

Memo Item

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. CARLOS CURBELO CONGRESS

Mailing Address 8724 SW 72ND STREET

City Miami State FL Zip Code 33173

Purpose of Disbursement

011
Category/Type

Candidate Name
CURBELO, CARLOS, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2018

FEC Identification Number
C00546846
Transaction ID : EXPB166341
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DRIVE, SUITE 150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement

011
Category/Type

Candidate Name
DENHAM, JEFF, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 10

Date of Disbursement
MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number
C00473272
Transaction ID : EXPB166343
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANE HARKEY FOR CONGRESS

Mailing Address 31878 DEL OBISPO #118-106

City SAN JUAN CAPISTRANO State CA Zip Code 92675

Purpose of Disbursement

011
Category/Type

Candidate Name
HARKEY, DIANE, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 49

Date of Disbursement
MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number
C00665513
Transaction ID : EXPB166348
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)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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A. DONOVAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 60530

City: STATEN ISLAND State: NY Zip Code: 10306

Purpose of Disbursement: 011 Category/Type

Candidate Name: **DONOVAN, DAN, , ,**

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

State: NY District: 11

Date of Disbursement: 06 / 22 / 2018

FEC Identification Number: **C00571869**
Transaction ID : EXPB166336
 Amount of Each Disbursement this Period: 1000.00

Memo Item

B. FRIENDS OF DAVE JOYCE

Full Name (Last, First, Middle Initial)
 Mailing Address 320 KENARDEN DR.

City: CLEVELAND State: OH Zip Code: 44143-3710

Purpose of Disbursement: 011 Category/Type

Candidate Name: **JOYCE, DAVID, , ,**

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

State: OH District: 14

Date of Disbursement: 06 / 28 / 2018

FEC Identification Number: **C00527457**
Transaction ID : EXPB166354
 Amount of Each Disbursement this Period: 1000.00

Memo Item

C. FRIENDS OF DON BEYER

Full Name (Last, First, Middle Initial)
 Mailing Address 1751 POTOMAC GREENS DRIVE

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: 011 Category/Type

Candidate Name: **BEYER, DON, , ,**

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

State: VA District: 08

Date of Disbursement: 06 / 28 / 2018

FEC Identification Number: **C00555888**
Transaction ID : EXPB166344
 Amount of Each Disbursement this Period: 2500.00

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**

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Full Name (Last, First, Middle Initial)

A. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name
TOOMEY, PATRICK, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00461046

Transaction ID : EXPB166345

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GALLEGO FOR ARIZONA

Mailing Address P.O. BOX 1710

City PHOENIX State AZ Zip Code 85001

Purpose of Disbursement

011

Category/
Type

Candidate Name
GALLEGO, RUBEN, , ,

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

State: AZ District: 07

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00558627

Transaction ID : EXPB166355

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND BLVD., STE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement

011

Category/
Type

Candidate Name
GRAVES, SAM, , ,

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

State: MO District: 06

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00359034

Transaction ID : EXPB166346

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Full Name (Last, First, Middle Initial)

A. HANDEL FOR CONGRESS, INC.

Mailing Address 4010 OLD MILTON PKWY.

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement

011

Category/Type

Candidate Name

HANDEL, KAREN CHRISTINE, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00633362

Transaction ID : EXPB166347

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOE MORELLE FOR CONGRESS

Mailing Address P.O. BOX 90914

City ROCHESTER State NY Zip Code 14609

Purpose of Disbursement

011

Category/Type

Candidate Name

MORELLE, JOSEPH D., , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00675108

Transaction ID : EXPB166356

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

011

Category/Type

Candidate Name

MCCARTHY, KEVIN, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00420935

Transaction ID : EXPB166349

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)..... ▶

6000.00

**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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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. LARSON FOR CONGRESS

Mailing Address P.O. BOX 261172

City HARTFORD State CT Zip Code 06126

Purpose of Disbursement 011 Category/Type

Candidate Name
LARSON, JOHN B., , ,

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

State: CT District: 01

Date of Disbursement: 06 / 28 / 2018

FEC Identification Number: **C00330142**
Transaction ID : EXPB166350
 Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. LOU CORREA FOR CONGRESS

Mailing Address P.O. BOX 2229

City SAN MARCOS State CA Zip Code 92079

Purpose of Disbursement 011 Category/Type

Candidate Name
CORREA, JOSE LUIS, , ,

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

State: CA District: 46

Date of Disbursement: 06 / 22 / 2018

FEC Identification Number: **C00578302**
Transaction ID : EXPB166334
 Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. RANDY HULTGREN FOR CONGRESS

Mailing Address P.O. BOX 717

City ST. CHARLES State IL Zip Code 60174

Purpose of Disbursement 011 Category/Type

Candidate Name
HULTGREN, RANDY, , ,

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

State: IL District: 14

Date of Disbursement: 06 / 28 / 2018

FEC Identification Number: **C00467522**
Transaction ID : EXPB166358
 Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

Category/Type

Candidate Name
ROSKAM, PETER, , ,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General Other (specify) ▼
 State: IL District: 06

Date of Disbursement
 M M / D D / Y Y Y Y Y
 06 / 22 / 2018

FEC Identification Number

Transaction ID : EXPB166337
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMUCKER FOR CONGRESS

Mailing Address 548 STEEL WAY

City LANCASTER State PA Zip Code 17604

Purpose of Disbursement

Category/Type

Candidate Name
SMUCKER, LLOYD K., , ,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General Other (specify) ▼
 State: PA District: 11

Date of Disbursement
 M M / D D / Y Y Y Y Y
 06 / 22 / 2018

FEC Identification Number

Transaction ID : EXPB166335
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STEVE KNIGHT FOR CONGRESS

Mailing Address PO BOX 730

City HILMAR State CA Zip Code 95324

Purpose of Disbursement

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
 M M / D D / Y Y Y Y Y
 06 / 28 / 2018

FEC Identification Number

Transaction ID : EXPB166351
 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**

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. STEVE PAC

Mailing Address 228 S WASHINGTON STREET STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Category/Type

Candidate Name
PAC, Leadership, , ,

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2018

FEC Identification Number
C C00501478
Transaction ID : EXPB163047
 Amount of Each Disbursement this Period
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVE RUSSELL FOR CONGRESS

Mailing Address P.O. BOX 55689

City DEL CITY State OK Zip Code 73155

Purpose of Disbursement

Category/Type

Candidate Name
RUSSELL, STEVE, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OK District: 05

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2018

FEC Identification Number
C C00558510
Transaction ID : EXPB166339
 Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TED LIEU FOR CONGRESS

Mailing Address 16633 VENTURA BLVD., SUITE 1008

City ENCINO State CA Zip Code 91436

Purpose of Disbursement

Category/Type

Candidate Name
LIEU, TED, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 33

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2018

FEC Identification Number
C C00556506
Transaction ID : EXPB166338
 Amount of Each Disbursement this Period
 1000.00

Memo Item

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

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Full Name (Last, First, Middle Initial)

A. VARGAS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

Mailing Address 330 ENCINITAS BLVD., SUITE 101

FEC Identification Number

C C00497321

City ENCINITAS State CA Zip Code 92024

Transaction ID : EXPB166333

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

VARGAS, JUAN, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 51

Memo Item

Full Name (Last, First, Middle Initial)

B. YODER FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2018

Mailing Address P.O. BOX 26742

FEC Identification Number

C C00472365

City OVERLAND PARK State KS Zip Code 66225

Transaction ID : EXPB166359

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

YODER, KEVIN, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: KS District: 03

Memo Item

Full Name (Last, First, Middle Initial)

C. YOUNG KIM FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2018

Mailing Address P.O. BOX 2186

FEC Identification Number

C C00665638

City FULLERTON State CA Zip Code 92837

Transaction ID : EXPB166352

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

KIM, YOUNG, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 39

Memo Item

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

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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(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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A. ZELDIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
 Mailing Address 47 FLINTLOCK DR

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement 011 Category/Type

Candidate Name
 ZELDIN, LEE, , ,

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

State: NY District: 01

Date of Disbursement: 06 / 28 / 2018

FEC Identification Number: C00552547
 Transaction ID : EXPB166357
 Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
 Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C
 Amount of Each Disbursement this Period:
 Memo Item

C.

Full Name (Last, First, Middle Initial)
 Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C
 Amount of Each Disbursement this Period:
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	49500.00