

**Statement of Organization
Recipient Committee**

Type or print in ink

RECEIVED AND FILED STATEMENT OF ORGANIZATION
in the office of the Secretary of
of the State of California **CALIFORNIA FORM 410**
DEC 16 2011
Hand Delivered, Sacramento
Debra Bowen, Secretary of State
For Official Use Only

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # _____
 _____ # _____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

1. Committee Information

NAME OF COMMITTEE
 FARMERS GROUP, INC. EMPLOYEES AND AGENTS PAC - SMALL CONTRIBUTOR COMMITTEE
 STREET ADDRESS (NO PO BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 (415) 389-6800
 MAILING ADDRESS (IF DIFFERENT)
 OPTIONAL: FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
 MARIN

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 VIGO G. NIELSEN JR.
 STREET ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE
 (415) 389-6800
 NAME OF ASSISTANT TREASURER, IF ANY
 DARRIN LIM
 STREET ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE
 (415) 389-6800
 NAME OF PRINCIPAL OFFICER(S)
 JEFF SAULS, CHAIRMAN
 MAILING ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE
 (916) 442-3672

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12-15-11 DATE By Vigo G Nielsen Jr SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

FARMERS GROUP, INC. EMPLOYEES AND AGENTS PAC - SMALL CONTRIBUTOR COMMITTEE

2a. Additional Officers

NAME OF OTHER PRINCIPAL OFFICER(S)

DON LEE, VICE-CHAIRMAN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF OTHER PRINCIPAL OFFICER(S)

J. DAVID WRIGHT, SECRETARY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME FARMERS GROUP, INC. EMPLOYEES AND AGENTS PAC - SMALL CONTRIBUTOR COMMITTEE	3 of 4 I.D. NUMBER
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4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
FARMERS GROUP, INC. EMPLOYEES AND AGENTS PAC - SMALL CONTRIBUTOR COMMITTEE

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
TO SUPPORT STATE CANDIDATES

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

FARMERS GROUP, INC.

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Insurance

STREET ADDRESS NO. AND STREET
4680 WILSHIRE BOULEVARD

CITY

STATE

ZIP CODE

LOS ANGELES, CA 90010

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.