

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

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="2014"/>		245660.00
(b) Cash on Hand at Beginning of Reporting Period.....	412115.00	
(c) Total Receipts (from Line 19)	49750.00	336725.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	461865.00	582385.00
7. Total Disbursements (from Line 31).....	28505.00	149025.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	433360.00	433360.00
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

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

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).....	49750.00	336725.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49750.00	336725.00
(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)	49750.00	336725.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	49750.00	336725.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49750.00	336725.00

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	5.00	25.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5.00	25.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	149000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	28505.00	149025.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28505.00	149025.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	49750.00	336725.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49750.00	336725.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5.00	25.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	25.00

**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 20
	<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)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Julie Bolton
Full Name (Last, First, Middle Initial)

Mailing Address 1110 Bluffhaven Way NE

City	State	Zip Code
Atlanta	GA	30319-4819

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

Name of Employer	Occupation
STATE FARM	OVP - UNDERWRITING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2014

Transaction ID : 4D0EBD37093E4CFEA759

Amount of Each Receipt this Period
2500.00

B. King K. Butler
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Ascott Valley Dr

City	State	Zip Code
Johns Creek	GA	30097-5923

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

Name of Employer	Occupation
STATE FARM	VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2014

Transaction ID : 5257A33AABF7494EB1F5

Amount of Each Receipt this Period
1500.00

C. Dean M. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 4 Northcrest Ct

City	State	Zip Code
Bloomington	IL	61701-3405

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

Name of Employer	Occupation
STATE FARM	ASSOCIATE GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : 7000D3E76B5B49069938

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
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 7 OF 20
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. John J. Fancher

Mailing Address 2909 Degarmo Dr

City State Zip Code
Bloomington IL 61704-9201

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

Name of Employer Occupation
STATE FARM VP-AGENCY/SALES ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
05 / 28 / 2014
Transaction ID : BA991E9DA90F43558033

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B. Julie J. Hancer

Mailing Address 22 Derby Way

City State Zip Code
Bloomington IL 61704-2820

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

Name of Employer Occupation
STATE FARM VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
05 / 27 / 2014
Transaction ID : 6DCD23C373844B4DA43B

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
C. Phillip G. Hawkins

Mailing Address 7216 Oak Shores Dr

City State Zip Code
Austin TX 78730-4315

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

Name of Employer Occupation
STATE FARM SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
05 / 27 / 2014
Transaction ID : 0A28DF0F00C14EEAB188

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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 20
<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)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. Susan Q. Hood

Mailing Address 19556 Briar Dr

City Bloomington State IL Zip Code 61705-4034

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

Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : 3DFE0D9DFDBC4420AE24

Amount of Each Receipt this Period
 4000.00

Full Name (Last, First, Middle Initial)
B. Cheryl D. Jackson

Mailing Address 17511 Sandpiper St

City Hudson State IL Zip Code 61748-7621

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

Name of Employer Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : 10097E3F7D774EF49A4B

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. Jeffrey W. Jackson

Mailing Address 17511 Sandpiper St

City Hudson State IL Zip Code 61748-7621

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

Name of Employer STATE FARM Occupation SVP AND GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : DA78C59E98C4420D877F

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 9 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Dan E. Kinney
Full Name (Last, First, Middle Initial)

Mailing Address 221 Leland St

City Bloomington State IL Zip Code 61701-5643

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

Name of Employer STATE FARM Occupation OVP - CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 05 / 2014
Transaction ID : **FD066D216E62433BBC9B**

Amount of Each Receipt this Period
2500.00

B. Mike W. Kish
Full Name (Last, First, Middle Initial)

Mailing Address 1701 E Empire St # 360-337

City Bloomington State IL Zip Code 61704-3532

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

Name of Employer STATE FARM Occupation VICE PRESIDENT AGENCY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
05 / 02 / 2014
Transaction ID : **DB288B47812D45678964**

Amount of Each Receipt this Period
1500.00

C. Will R. Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 400 Heritage Blvd

City Edmond State OK Zip Code 73025-2764

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

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
05 / 12 / 2014
Transaction ID : **6A657E28381F43B3962B**

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 20
	<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)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Mark Oakley
Full Name (Last, First, Middle Initial)

Mailing Address 9 Flint Ct

City Bloomington State IL Zip Code 61705-8830

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

Name of Employer STATE FARM Occupation SYSTEMS VICE PRESIDENT & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
05 / 13 / 2014
Transaction ID : EB4C3A498B6A429B8E88

Amount of Each Receipt this Period
4000.00

B. Joy L. Schreder
Full Name (Last, First, Middle Initial)

Mailing Address 1630 Locust Hills Pl

City Wayzata State MN Zip Code 55391-1972

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

Name of Employer STATE FARM Occupation AREA VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
05 / 12 / 2014
Transaction ID : 57A0BA1EB3A448EA896F

Amount of Each Receipt this Period
2500.00

C. Rob E. Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 2808 Laurel Ests

City Baton Rouge State LA Zip Code 70820-5758

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

Name of Employer STATE FARM Occupation AREA VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
05 / 05 / 2014
Transaction ID : AAEC451A4A934245A31F

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00

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 11 OF 20
	<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)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Shyama N. Terry
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Smokey Ct
 City Bloomington State IL Zip Code 61704-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation OVP - CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 9DAF3AE6884243F49370
 Amount of Each Receipt this Period
 2500.00

B. Michael Tipsord
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Windsong Way
 City Bloomington State IL Zip Code 61704-8350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation VICE CHAIRMAN & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : A7744FB2511948EB8881
 Amount of Each Receipt this Period
 5000.00

C. John Trier
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Lone Oak Ct
 City Bloomington State IL Zip Code 61705-9589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation AVP LENDING PRODUCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : F833F7651F3E4DF39842
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<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)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Troy W. Turner
Full Name (Last, First, Middle Initial)
Mailing Address 3865 Valley Crest Dr
City Timnath State CO Zip Code 80547-2234
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation VPO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 08 / 2014
Transaction ID : E27676C57FAE4DD89408
Amount of Each Receipt this Period
1500.00

B. Colleen R. Van Dyke
Full Name (Last, First, Middle Initial)
Mailing Address 5910 Fairview PI
City Agoura Hills State CA Zip Code 91301-1850
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation AREA VICE PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2014
Transaction ID : 02DAE0DD559A4A36B6E1
Amount of Each Receipt this Period
1800.00

C. Patrick R. Warren
Full Name (Last, First, Middle Initial)
Mailing Address 202 Windward Way
City Nicholasville State KY Zip Code 40356-8027
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation VP-AGENCY/SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2014
Transaction ID : 8AD5C3EB006B42CA9B38
Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 20
	<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)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Full Name (Last, First, Middle Initial)
Harolyn M. Watts

Mailing Address 23 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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

Name of Employer STATE FARM Occupation AVP - DIVERSITY/HUMAN RESOURCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : 5AC6C61B880C47F89317

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	49750.00

**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"/> 24	<input type="checkbox"/> 25	<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)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beatty for Congress

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Joyce Beatty

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : 6DDAD684A1E5CC8EC36

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Bill Foster for Congress

Mailing Address PO Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Bill Foster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : 8220FA6B08702852A01

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Cooper for Congress

Mailing Address C/O Dglf Cpas & Business Advisors
PO Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Jim Cooper

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : E8A028DC4D84E997356

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	5	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Duffy for Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Sean P. Duffy

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 30D470E0B924C445786

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Gregory W. Meeks

Office Sought: House
 Senate
 President
State: NY District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : B8B3674684A1F71E187

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Cheri Bustos

Mailing Address PO Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement
2014 General

011
Category/
Type

Candidate Name

Cheryl L. Bustos

Office Sought: House
 Senate
 President
State: IL District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : 785B37A932C9D7A0080

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<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)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dick Durbin

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
2014 General

011

Candidate Name

Richard J. Durbin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : 40A33F2E4A79A77809B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of John Delaney

Mailing Address PO Box 70835

City Bethesda State MD Zip Code 20813

Purpose of Disbursement
2014 Primary

011

Candidate Name

John K. Delaney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : 602859C6644C1DDB4FA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2018 Primary

011

Candidate Name

Dean Heller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : 4204B5802BEDE1B64DD

Amount of Each Disbursement this Period

2500.00

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"/> 24	<input type="checkbox"/> 25	<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)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

Transaction ID : C254AB988D2ABDBC56C

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
2014 General

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : BCEDD3676C791188DF9

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Paul Tonko for Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
2014 Primary

011

Candidate Name

Paul D. Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : 6144B1BF5D994E19703

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Hurt for Congress

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531-0008

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name
Robert Hurt

Office Sought: House
 Senate
 President
State: VA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : 72DE5C4290262FE10D9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Hurt for Congress

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531-0008

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name
Robert Hurt

Office Sought: House
 Senate
 President
State: VA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : BB3389F400367B659BC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rodney for Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name
Rodney L. Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : EA1A1FD0A813E408081

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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"/> 24	<input type="checkbox"/> 25	<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)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Royce Campaign Committee

Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834-3249

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Edward R. Royce

Office Sought: House
 Senate
 President
State: CA District: 39

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : 3033D81F42C98DDCA19

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Shelby for U S Senate

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Richard Craig Shelby

Office Sought: House
 Senate
 President
State: AL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : 7E3DD9687C79704204D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2014 General

011
Category/
Type

Candidate Name

Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : EC73200BA831755FAB3

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2014 General

011

Candidate Name

Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2014

Transaction ID : 1AE9A08FCA264E2D091

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2014 General

011

Candidate Name

John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : B64D99422A574A38D3E

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

28500.00