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Image# 13964870064

STATEMENT OF

FORM 1		ORGAN	IZATI	ON					Office	e Use Or	nly	
NAME OF COMMITTEE (in	ı full)	(Check if naming is changed)		ample:If typer the lines.	ing, type	[12FE	4M5				
State Farm M	Iutual A	utomobile Insu	ırance (Compar	y Fed	eral	Pol	itica	I Ac	tion	Com	mittee
ADDRESS (number a	nd street)	One State Farm Plaza										
(Check if a is changed		c/o Mark Schwamberge	er, Treasurer,	, 								
is changed	1)	Bloomington CITY	.]	IL STATE	_	61710		 P COD	E 🛦
COMMITTEE'S E-MA	AIL ADDRES	SS										
(Check if a is changed		SF-Federal-PAC@	⊵statefarm	n.com								
C	•	Optional Second E-Ma	ail Address									
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL)										
2. DATE 12	2 03	2013										
3. FEC IDENTIFIC	CATION NU	MBER ▶	C005448	317								
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMEI	NDED (A)							
I certify that I have e	examined thi	s Statement and to the	best of my	knowledge	and belie	f it is	true, c	orrect	and co	omplete) .	
Type or Print Name	of Treasurer	Mark Schwamberger										
Signature of Treasure	er <i>Mark S</i>	Schwamberger		[Electronic	ally Filed]	Da	ate	M 12		03		2013
NOTE: Submission of		ous, or incomplete inform	-		_	-				nalties	of 2 U.S	S.C. §437
Office Use Only				For further Federal Ele Toll Free 80 Local 202-6	ction Comm 00-424-9530	ission	ıct:				ORM 1 06/201	

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	D
(d)			Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a
		Corporation X Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

FEO Forms 4 (David)	03/3000)		Do 2
FEC Form 1 (Revised Write or Type Committee Nam			Page 3
•		manany Foderal Dell	itiaal Aatian Cammitta
	Automobile Insurance Co		
6. Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Representativ	e, or Leadership PAC Sponsor
State Farm Mutual Au	itomobile Insurance Compar	ny <u> </u>	
Mailing Address	One State Farm Plaza		
	Bloomington	IL STATE	61710-0001 ZIP CODE
Relationship: X Connected	ed Organization Affiliated Committee	Joint Fundraising Represen	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number	optional) and position of the	person in possession of committee
	wamberger		
Full Name	One State Farm Plaza - D2		
Mailing Address			
	Bloomington		61710
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	f the treasurer of the committe	e; and the name and address of
	wamberger		
of Treasurer	One State Farm Plaza - D2		
Mailing Address	One State I dilli Flaza - DZ		
	Bloomington	 IL	61710-0001
Title or Position , Treasurer	CITY	STATE	ZIP CODE
		Telephone number	

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Full Name of Designated Agent	Todd D. Oehler	
Mailing Address	One State Farm Plaza - D2	
	Bloomington IL 61710-00	001 - ZIP CODE
Title or Position Assistant Treasur		
Banks or Other [Depositories: List all banks or other depositories in which the committee deposits funds, holds	s accounts, rents
safety deposit box Name of Bank, De	epository, etc. State Farm Bank S.F.B.	
safety deposit box Name of Bank, De	epository, etc.	
safety deposit box Name of Bank, De	epository, etc. State Farm Bank S.F.B.	001
safety deposit box Name of Bank, De	State Farm Bank S.F.B. One State Farm Plaza Bloomington IL 61710-06	001
safety deposit box Name of Bank, De	State Farm Bank S.F.B. One State Farm Plaza Bloomington CITY STATE	
safety deposit box Name of Bank, De Mailing Address	State Farm Bank S.F.B. One State Farm Plaza Bloomington CITY STATE	
safety deposit box Name of Bank, De Mailing Address	State Farm Bank S.F.B. One State Farm Plaza Bloomington CITY STATE	
Safety deposit box Name of Bank, De Mailing Address Name of Bank, De	State Farm Bank S.F.B. One State Farm Plaza Bloomington CITY STATE	
Safety deposit box Name of Bank, De Mailing Address Name of Bank, De	State Farm Bank S.F.B. One State Farm Plaza Bloomington CITY STATE	