

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 State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

ADDRESS (number and street) One State Farm Plaza c/o Mark Schwamberger, Treasurer, Bloomington IL 61710-0001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00544817 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2020 through 03 / 31 / 2020

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

Signature of Treasurer Schwamberger, Mark, , , [Electronically Filed] Date 04 / 07 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

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

|                                                                                                                  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2020"/>                                              | <input type="text" value="199798.34"/> | <input type="text" value="199798.34"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <input type="text" value="149402.62"/> |                                        |
| (c) Total Receipts (from Line 19) .....                                                                          | <input type="text" value="48272.39"/>  | <input type="text" value="67646.67"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="197675.01"/> | <input type="text" value="267445.01"/> |
| 7. Total Disbursements (from Line 31).....                                                                       | <input type="text" value="13300.00"/>  | <input type="text" value="83070.00"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="184375.01"/> | <input type="text" value="184375.01"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |                                        |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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 (State Farm Federal PAC)

Report Covering the Period: From: 03 / 01 / 2020 To: 03 / 31 / 2020

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 44473.98                      | 52507.20                          |
| (ii) Unitemized .....                                                                                 | 3798.41                       | 15139.47                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 48272.39                      | 67646.67                          |
| (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) .....  | 48272.39                      | 67646.67                          |
| 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)).....▶                         | 48272.39                      | 67646.67                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 48272.39                      | 67646.67                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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                          | 20.00                             |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 20.00                             |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 11500.00                      | 80500.00                          |
| 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 .....                                  | 1800.00                       | 1800.00                           |
| (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)).....                            | 1800.00                       | 1800.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 750.00                            |
| 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)) ..      | 13300.00                      | 83070.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13300.00                      | 83070.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 48272.39                              | 67646.67                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 1800.00                               | 1800.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 46472.39                              | 65846.67                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 20.00                                     |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                                  | 20.00                                     |

**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 36                                                |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Ambrose, Eva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1449 Trinity Rd  
 City Canton State MI Zip Code 48187-5816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Agency Administration Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2020  
**Transaction ID : 45A2BDD42E8DE0FA9A7E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Anderson, Damy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15926 Butterwort Cir  
 City Parker State CO Zip Code 80134-7598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2020  
**Transaction ID : 499FA192647E830D5324**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**C. Arnold, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chloe Ct  
 City Bloomington State IL Zip Code 61704-8666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Ovp - Claims  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2020  
**Transaction ID : 4448BA03F3423796C672**  
 Amount of Each Receipt this Period  
 208.32  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1108.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                                                |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Baszniak, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1679 Mountain Dr  
 City Stayton State OR Zip Code 97383-1489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2020  
**Transaction ID : 4956978E8F3C9BDDF3BA**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Black, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Hawkshead St  
 City Timnath State CO Zip Code 80547-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Claims Mgr - P&C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2020  
**Transaction ID : 440687CD07D0765AF858**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Bossch, Milt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1918 E Coconino Dr  
 City Chandler State AZ Zip Code 85249-3371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp - Agency/Sales Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2020  
**Transaction ID : 40E49268BE782F46D8F0**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 725.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                                            |
| <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 (State Farm Federal PAC)

**A. Boynton, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17670 W 58th Dr  
 City Golden State CO Zip Code 80403-2013  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2020  
**Transaction ID : 4BBFB7C97B544C66EC20**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bryson, Katinka M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Country Club Pl  
 City Bloomington State IL Zip Code 61701-3402  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Agency Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.96

Date of Receipt 03 / 05 / 2020  
**Transaction ID : 417486636254216DB0C5**  
 Amount of Each Receipt this Period 208.32  
 Memo Item

**C. Burns, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1375 Rolling Links Dr  
 City Milton State GA Zip Code 30004-8263  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Ovp - Claims  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 27 / 2020  
**Transaction ID : 4D1083B032DE79D72C56**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 583.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 36                                                |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Butler, King, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 Ascott Valley Dr

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Johns Creek | State<br>GA | Zip Code<br>30097-5923 |
|---------------------|-------------|------------------------|

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

|                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Vpo |
|-------------------------------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 03 / 28 / 2020  
**Transaction ID : 421EA9CF0F1377CAC30E**

Amount of Each Receipt this Period  
 125.00

Memo Item

**B. Callis, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Pebblebrook Ct

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Bloomington | State<br>IL | Zip Code<br>61705-6300 |
|---------------------|-------------|------------------------|

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

|                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Vpo |
|-------------------------------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 03 / 27 / 2020  
**Transaction ID : 4A4A8F36CEA95C984979**

Amount of Each Receipt this Period  
 125.00

Memo Item

**C. Cegon, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2061 Wiltsey Ct SE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Salem | State<br>OR | Zip Code<br>97306-6903 |
|---------------|-------------|------------------------|

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

|                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Sales Leader |
|-------------------------------------------------|---------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 11 / 2020  
**Transaction ID : 47A59FC0C198E54542E2**

Amount of Each Receipt this Period  
 100.00

Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                |
|                                                                         | <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 (State Farm Federal PAC)

**A. Chimack, Kristen S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Everett Ct  
 City Bloomington State IL Zip Code 61705-6557  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Avp - Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 4D8D95FE82D25AC1806A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Cimons, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1215 H St  
 City Alexandria State VA Zip Code 22307-1434  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Leadership Development Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 03 / 08 / 2020  
**Transaction ID : 4F1DAA5EB54E89943AB9**  
 Amount of Each Receipt this Period 83.32  
 Memo Item

**C. Conley, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29301 Whitingham Ct  
 City Agoura Hills State CA Zip Code 91301-4130  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 03 / 29 / 2020  
**Transaction ID : 4CDBAE3CEC65BE2ACD9:**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5083.32  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 36 |
|                                                                         | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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 (State Farm Federal PAC)**

**A. Cronin, Pat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 286 W Coulter Rd  
 City Lapeer State MI Zip Code 48446-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2020  
**Transaction ID : 4832AC89DC86D7DE7823**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Dorsett, Rayman, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2324 Lakeshore Ave Apt 5  
 City Oakland State CA Zip Code 94606-1079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 18 / 2020  
**Transaction ID : 43C58704B6BC6B991CAE**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Elliott, Suzette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Town Square Dr  
 City Mountain View State CA Zip Code 94043-5287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2020  
**Transaction ID : 4EE6856C5C0A01C6FEE3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 475.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36 |
|                                                                         | <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)  
State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

**A. Fancher, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2909 Degarmo Dr  
 City Bloomington State IL Zip Code 61704-9201  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Agency Vice President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 4AF5BCD366E47EC8127D**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Fletcher, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6509 Alderbrook Pl  
 City McKinney State TX Zip Code 75071-6884  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Enterprisetechexec-Engineering  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 18 / 2020  
**Transaction ID : 49A1991BCB70FE86CD0E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gibson, Janelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3735 Reiniger Rd  
 City Hatboro State PA Zip Code 19040-1641  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 276.90

Date of Receipt 03 / 02 / 2020  
**Transaction ID : 479C9E4E7C0AAF8414EB**  
 Amount of Each Receipt this Period 92.30  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2692.30 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Gude, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1022 Lynnmere Dr

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Thousand Oaks | State<br>CA | Zip Code<br>91360-1929 |
|-----------------------|-------------|------------------------|

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

|                                                 |                                                    |
|-------------------------------------------------|----------------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Area Vice President |
|-------------------------------------------------|----------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 03 / 16 / 2020  
**Transaction ID : 4947A9E699EA9D5371E3**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B. Guevara, Clovis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3022 Cypress Gardens Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Harlingen | State<br>TX | Zip Code<br>78550-7455 |
|-------------------|-------------|------------------------|

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

|                                                 |                                                               |
|-------------------------------------------------|---------------------------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Leadership Enterprise Dev Assc |
|-------------------------------------------------|---------------------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 20 / 2020  
**Transaction ID : 4B82A501158F53CBEA7F**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Halloran, Ines, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 E Cathedral Rock Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85048-6303 |
|-----------------|-------------|------------------------|

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

|                                                 |                                                               |
|-------------------------------------------------|---------------------------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Leadership Enterprise Dev Assc |
|-------------------------------------------------|---------------------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 27 / 2020  
**Transaction ID : F07B0A08-28FF-4C23-**

Amount of Each Receipt this Period  
 500.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Hanan, Mitch, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S 47th St

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Springfield | State<br>OR | Zip Code<br>97478-6625 |
|---------------------|-------------|------------------------|

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

|                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>State Farm Agent |
|----------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 31 / 2020  
**Transaction ID : 20200320132112-17**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. Harbert, Rand, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Sunset Rd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Bloomington | State<br>IL | Zip Code<br>61701-2017 |
|---------------------|-------------|------------------------|

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

|                                                 |                                                               |
|-------------------------------------------------|---------------------------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Evp Chf Agy Sales Mktg Officer |
|-------------------------------------------------|---------------------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 03 / 20 / 2020  
**Transaction ID : 4562953A84C8AC7F8308**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**C. Hard, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 730 Blackhawk Dr

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Colorado Spgs | State<br>CO | Zip Code<br>80919-1123 |
|-----------------------|-------------|------------------------|

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

|                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>State Farm Agent |
|----------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 28 / 2020  
**Transaction ID : 4AF8A8CDD27FFB861A3D**

Amount of Each Receipt this Period  
 500.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36 |
|                                                                         | <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 (State Farm Federal PAC)

**A. Heimstead, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2815 Stevenson Dr  
 City Bloomington State IL Zip Code 61704-9115  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Director - Enterprise Risk Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2020  
**Transaction ID : 453E9809888997B5D5D0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Herrera, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 Grey Oaks Ct  
 City Pelham State AL Zip Code 35124-2539  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Claims Mgr - P&C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2020  
**Transaction ID : 4C1EA13180F6ACE612CC**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hoenig, Phillip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 Scott Farm Dr  
 City Powder Spgs State GA Zip Code 30127-4533  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2020  
**Transaction ID : 4C1EBB115751975DAADE**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Kasten, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5N226 Prairie Lakes Blvd  
 City St Charles State IL Zip Code 60175-7941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2020  
**Transaction ID : 4FFF868A255905D65C93**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Kaufman, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19423 Lakeside Ln  
 City Bloomington State IL Zip Code 61705-4013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Avp - L/H Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 4FC7A9C95898B9AF6048**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kazi, Awan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18994 Bryant Rd  
 City Lake Oswego State OR Zip Code 97034-7222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 20 / 2020  
**Transaction ID : 4BD7BBADCC83AD7CE2E1**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1225.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Keating, Michael T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Rose Trce  
 City Saratoga Spgs State NY Zip Code 12866-6537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vpo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2020  
**Transaction ID : 46E6B506451DEC4C7EDD**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Klopfenstein, Ali, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Onyx Dr  
 City Morton State IL Zip Code 61550-1191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Planning & Analysis Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2020  
**Transaction ID : 4F44B17B7C38844D14F0**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Kogelman, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 72440 Sorrel Dr  
 City Bruce Twp State MI Zip Code 48065-3931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2020  
**Transaction ID : 46C58A119996EED8A9FD**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 363.46 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                |
|                                                                         | <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 (State Farm Federal PAC)**

**A. Korgan, Malyka, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11052 Cimarron St  
 Unit B

City Firestone State CO Zip Code 80504-6682

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : 20200320132112-7**

Amount of Each Receipt this Period  
 75.00

Memo Item

**B. Lam, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1258 W 8600 S

City West Jordan State UT Zip Code 84088-8407

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2020  
**Transaction ID : 4066A686A75CBEE4D872**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Loftus, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Tiger Lily Ln

City Cape Eliz State ME Zip Code 04107-5107

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Area Vice President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2020  
**Transaction ID : 4BCCA1A1D669A0FC60EB**

Amount of Each Receipt this Period  
 192.30

Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 517.30 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Logue, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Brookridge Ct  
 City Bloomington State IL Zip Code 61704-6293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vpo - Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **03 / 27 / 2020**  
**Transaction ID : 81936A35-D5C8-44FE-**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Lord, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 S Main St Ste 2  
 City Cheboygan State MI Zip Code 49721-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : 20200320132112-16**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Maness, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8304 Thoreau Dr  
 City Bethesda State MD Zip Code 20817-3164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp Federal Affairs - Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : 770B68EF-53FE-4268-**  
 Amount of Each Receipt this Period 1700.00  
 Memo Item

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3300.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 36                |
|                                                                         | <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 (State Farm Federal PAC)

**A. Manning, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2822 NW Birkendene St  
 City Portland State OR Zip Code 97229-8081  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 276.90

Date of Receipt 03 / 23 / 2020  
**Transaction ID : 413BA587C8A80672DF04**  
 Amount of Each Receipt this Period 92.30  
 Memo Item

**B. Marxkors, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Fiddlestix Ct  
 City Bloomington State IL Zip Code 61705-4165  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 4A1D89C0743A4457A209**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Meek, Ken, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Kilborn Ct  
 City Bloomington State IL Zip Code 61704-7001  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Avp - Bank Credit  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 346.14

Date of Receipt 03 / 06 / 2020  
**Transaction ID : 4191B917E4FA97F1C570**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 457.68 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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 (State Farm Federal PAC)**

**A. Melendez, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7244 W Pacific Ave  
 City Lakewood State CO Zip Code 80227-2676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 02 / 2020  
**Transaction ID : 47CEA74E58E948249489**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Montgomery, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Stonebrook Ct  
 City Bloomington State IL Zip Code 61704-4156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp-L/H & Investment Plan Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 30 / 2020  
**Transaction ID : 486D834B52906115426B**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Murphy, Conall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1727 Pinewood Dr  
 City Wylie State TX Zip Code 75098-8919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Claims Mgr - P&C  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2020  
**Transaction ID : 4B92889F050F2F0490CE**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2925.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                |
|                                                                         | <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 (State Farm Federal PAC)**

**A. Niese, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8210 N Low Gap Rd  
 City Unionville State IN Zip Code 47468-9781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2020  
**Transaction ID : 4096BD64E22620BDF924**  
 Amount of Each Receipt this Period  
 83.32  
 Memo Item

**B. Odland, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 Mackinaw Dr  
 City Wake Forest State NC Zip Code 27587-9846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2020  
**Transaction ID : 4F24B6F2130972A0A10F**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Oehler, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3283 Fire Fly Ct  
 City Normal State IL Zip Code 61761-9523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Finance Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2020  
**Transaction ID : FE6FCEDE-4C7D-421B-**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 833.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                                           |
| <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 (State Farm Federal PAC)

**A. Parker, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6551 Quail Lk  
 City Mason State OH Zip Code 45040-7990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 46A2B4569AA08765E69C**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Parks, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9121 SW Sweek Dr  
 City Tualatin State OR Zip Code 97062-7405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2020  
**Transaction ID : 4EAF999A65AA055EED0F**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Pollock, Heidi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3764 Waterbrook Way  
 City Eugene State OR Zip Code 97408-5968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 492A952C1D7A52DF9A47**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Quist, Mary Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3587 Carmelle Woods Dr

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Mason | State<br>OH | Zip Code<br>45040-3014 |
|---------------|-------------|------------------------|

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

|                                                 |                                                |
|-------------------------------------------------|------------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Vp-Agency/Sales |
|-------------------------------------------------|------------------------------------------------|

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  
 03 / 28 / 2020

**Transaction ID : 409A986A8BC3FE28B9A7**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B. Rader, Andy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Derby Way

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Bloomington | State<br>IL | Zip Code<br>61704-2820 |
|---------------------|-------------|------------------------|

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

|                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Vpo |
|-------------------------------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2020

**Transaction ID : 408AB48EFAB8378EF353**

Amount of Each Receipt this Period  
 125.00

Memo Item

**C. Rideout, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6868 W Jewell Dr

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Lakewood | State<br>CO | Zip Code<br>80227-2579 |
|------------------|-------------|------------------------|

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

|                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Sales Leader |
|-------------------------------------------------|---------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2020

**Transaction ID : 400994E847FE68A215B5**

Amount of Each Receipt this Period  
 100.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1725.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 36                                           |
| <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 (State Farm Federal PAC)**

**A. Roth, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Bowie St  
 Apt 3201

City Austin State TX Zip Code 78703-4678

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Learning Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 27 / 2020**

**Transaction ID : EED095EB-3FF3-4D98-**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Roth, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Bowie St  
 Apt 3201

City Austin State TX Zip Code 78703-4678

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Learning Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 28 / 2020**

**Transaction ID : 41B3B075D5EE53BB11AD**

Amount of Each Receipt this Period 300.00

Memo Item

**C. Russo, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Lavender Ln

City Bloomington State IL Zip Code 61704-2815

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Ovp - Claims

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 28 / 2020**

**Transaction ID : 6BA14021-59CF-4D81-**

Amount of Each Receipt this Period 2500.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3050.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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 (State Farm Federal PAC)**

**A. Schwamberger, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Fox Creek Rd  
 City Towanda State IL Zip Code 61776-7564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp-Financial Ops & Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 23 / 2020**  
**Transaction ID : 4FE290F9BF24EBF7A2FD**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Sharpe, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 N Miller Rd Unit 205  
 City Scottsdale State AZ Zip Code 85251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Technology Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 28 / 2020**  
**Transaction ID : 43BBBA278214A5FC048A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Sherman, Keyesta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6210 Chaparral Dr  
 City Montgomery State AL Zip Code 36116-4316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 24 / 2020**  
**Transaction ID : 44CE83F83AB82629CE43**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36 |
|                                                                         | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Slowikowski, Cora, , ,**

Mailing Address 3423 Ridgeway Dr SE

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Turner | State<br>OR | Zip Code<br>97392-9543 |
|----------------|-------------|------------------------|

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

|                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>State Farm Agent |
|----------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 23    | / | 2020        |

**Transaction ID : 459193702B8882D86DD4**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Soares De Sa, Gustavo, , ,**

Mailing Address 295 3rd St  
Apt 5

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Lake Oswego | State<br>OR | Zip Code<br>97034-3057 |
|---------------------|-------------|------------------------|

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

|                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>State Farm Agent |
|----------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 02    | / | 2020        |

**Transaction ID : 4A12ADD3697DBACAD5A3**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Taulbee, Sara, , ,**

Mailing Address 2107 Woodbine Rd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Bloomington | State<br>IL | Zip Code<br>61704-2813 |
|---------------------|-------------|------------------------|

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

|                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Name of Employer (for Individual)<br>State Farm | Occupation (for Individual)<br>Avp - Public Affairs |
|-------------------------------------------------|-----------------------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 23    | / | 2020        |

**Transaction ID : 47A3A12865FE716EF361**

Amount of Each Receipt this Period  
83.32

Memo Item

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 283.32 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 36                |
|                                                                         | <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 (State Farm Federal PAC)

**A. Terry, Victor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6008 Southwind Ln  
 City McKinney State TX Zip Code 75070-4871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Area Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.96

Date of Receipt 03 / 21 / 2020  
**Transaction ID : 4B179B7549E975947ABB**  
 Amount of Each Receipt this Period 208.32  
 Memo Item

**B. Their, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9406 Crossbow Dr  
 City Bloomington State IL Zip Code 61705-8003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp - Financial Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 18 / 2020  
**Transaction ID : 4FE8B1F4A8D7472CCA9**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Van Dongen, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 N Center St Unit 603  
 City Bloomington State IL Zip Code 61701-3992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vice President - Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 27 / 2020  
**Transaction ID : 6A6EB7AC-BB84-4C0F-**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1833.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Van Dongen, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 N Center St  
 Unit 603

City Bloomington State IL Zip Code 61701-3992

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Vice President - Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 03 / 28 / 2020  
**Transaction ID : 429B91D9464395E35299**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B. Wang, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22522 Bowens Wharf PI

City Ashburn State VA Zip Code 20148-6634

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Area Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 801.24

Date of Receipt  
 03 / 26 / 2020  
**Transaction ID : 46948F45915A4BCAD20D**

Amount of Each Receipt this Period  
 208.32

Memo Item

**C. Waterman, Analene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8749 Darley Rd SE

City Aumsville State OR Zip Code 97325-9751

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 03 / 23 / 2020  
**Transaction ID : 423DB8891D5476047F00**

Amount of Each Receipt this Period  
 125.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1833.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 36                                           |
| <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 (State Farm Federal PAC)**

**A. Watkins, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Burgundy Ct  
 City Bloomington State IL Zip Code 61704-8372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 16 / 2020  
**Transaction ID : 4B24A0120A99F45DBC57**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Watson, Chadd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4290 Great Falls Loop  
 City Reno State NV Zip Code 89511-6077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 4A9BB078B8C08C5867BF**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Weber, Bobbie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17033 S 178th Ave  
 City Goodyear State AZ Zip Code 85338-7674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Agency Administration Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2020  
**Transaction ID : 42EBAB8CF083BCDE1C27**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 625.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Wellens, Lyndsey B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2007 Wrangley Ct  
 City West Chester State PA Zip Code 19380-4149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2020  
**Transaction ID : 406FAE7F91053EC418C9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Westerman, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Peaceful Rd  
 City Chesapeake State VA Zip Code 23322-2248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2020  
**Transaction ID : 09953465-656A-4081-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wilkerson, Emory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 Pointer Ridge Trl  
 City Fayetteville State GA Zip Code 30214-7403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 08 / 2020  
**Transaction ID : 41768BE53326D67FEBA4**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 585.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 36                                               |
|                                                                         | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)**

**A. Wilkinson, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2810 Devin Cir  
 City Anchorage State AK Zip Code 99516-2070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2020  
**Transaction ID : 4DD29FF8BBCFC0824B2E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Wold, Rory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2102 Martin Dr  
 City Medford State OR Zip Code 97501-8137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2020  
**Transaction ID : 4B158CCF64DA41F2207A**  
 Amount of Each Receipt this Period  
 100.00  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

|                                                                  |          |
|------------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 600.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 44473.98 |



# 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)  
State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

Full Name (Last, First, Middle Initial)

### A. Andy Barr For Congress, Inc.

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 02    | / | 2020      |

Mailing Address PO Box 2059

FEC Identification Number

|   |           |
|---|-----------|
| C | C00467571 |
|---|-----------|

City Lexington State KY Zip Code 40588

Transaction ID : CCDB3FC9DI  
Amount of Each Disbursement this Period

Purpose of Disbursement  
2020 Primary

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name  
Barr, Garland, Hale, , IV

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)

### B. Andy Barr For Congress, Inc.

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 02    | / | 2020      |

Mailing Address PO Box 2059

FEC Identification Number

|   |           |
|---|-----------|
| C | C00467571 |
|---|-----------|

City Lexington State KY Zip Code 40588

Transaction ID : D3E7D55699C  
Amount of Each Disbursement this Period

Purpose of Disbursement  
2020 General

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

|         |
|---------|
| 1500.00 |
|---------|

Candidate Name  
Barr, Garland, Hale, , IV

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)

### C. Davis For Congress/Friends Of Davis

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 10    | / | 2020      |

Mailing Address 5956 W Race Ave

FEC Identification Number

|   |           |
|---|-----------|
| C | C00172619 |
|---|-----------|

City Chicago State IL Zip Code 60644

Transaction ID : B3624BEC37  
Amount of Each Disbursement this Period

Purpose of Disbursement  
2020 Primary

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name  
Davis, Danny, K., ,

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: IL District: 07

Memo Item

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

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

|         |
|---------|
| 3500.00 |
|---------|

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

**A. French Hill For Arkansas**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement 2020 Primary

Candidate Name Hill, J. French, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AR District: 02

Date of Disbursement: 03 / 02 / 2020

FEC Identification Number: C00551275  
Transaction ID : 98291B0BBA  
Amount of Each Disbursement this Period: 3000.00

Category/Type: 011

Memo Item

**B. Friends Of Denver Riggleman, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 798

City Nellysford State VA Zip Code 22958

Purpose of Disbursement 2020 Primary

Candidate Name Riggleman, Denver, L., , III

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: VA District: 05

Date of Disbursement: 03 / 10 / 2020

FEC Identification Number: C00680488  
Transaction ID : 8E7D8DB8BF  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**C. Jeff Fortenberry For United States Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement 2020 Primary

Candidate Name Fortenberry, Jeffrey, Lane, ,

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NE District: 01

Date of Disbursement: 03 / 02 / 2020

FEC Identification Number: C00395467  
Transaction ID : A41B3AA20F  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

**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 |

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 (State Farm Federal PAC)

**A. Joni For Iowa**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement 2020 Primary

Candidate Name Ernst, Joni, Kay, ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IA District:

Date of Disbursement 03 / 10 / 2020

FEC Identification Number C00546788  
Transaction ID : 396B2C1F7E  
Amount of Each Disbursement this Period 1000.00

Memo Item

**B. Marcia Fudge For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement 2020 General

Candidate Name Fudge, Marcia, Louise, ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OH District: 11

Date of Disbursement 03 / 02 / 2020

FEC Identification Number C00454694  
Transaction ID : 1407AEA2009  
Amount of Each Disbursement this Period 1000.00

Memo Item

**C. Mark Green For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2706

City Brentwood State TN Zip Code 37024

Purpose of Disbursement 2020 Primary

Candidate Name Green, Mark, E., ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TN District: 07

Date of Disbursement 03 / 10 / 2020

FEC Identification Number C00658385  
Transaction ID : 6101360BBC  
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)..... ▶

|          |
|----------|
| 3000.00  |
| 11500.00 |

**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 type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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 (State Farm Federal PAC)

**A. Roth, Cathy, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 30 / 2020

Mailing Address: 300 Bowie St, Apt 3201

City: Austin, State: TX, Zip Code: 78703-4678

Purpose of Disbursement: Annual recurring credit card refunded

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

FEC Identification Number: C [ ]

Transaction ID: 3EACEA182A

Amount of Each Disbursement this Period: 300.00

Memo Item

**B. Van Dongen, Carla, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 30 / 2020

Mailing Address: 212 N Center St, Unit 603

City: Bloomington, State: IL, Zip Code: 61701-3992

Purpose of Disbursement: Refund of one-time credit card payment made on 3/27/20.

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

FEC Identification Number: C [ ]

Transaction ID: 418F097456B

Amount of Each Disbursement this Period: 1500.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: [ ] / [ ] / [ ]

Mailing Address:

City: [ ], State: [ ], Zip Code: [ ]

Purpose of Disbursement:

Candidate Name:

Office Sought:  House,  Senate,  President

Disbursement For:  Primary,  General,  Other (specify) ▼

State: District:

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1800.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1800.00 |