

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

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 Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 01 2016 through 03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mark Schwamberger

Signature of Treasurer Mark Schwamberger [Electronically Filed] Date 04 18 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="122494.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43734.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="750.00"/>	<input type="text" value="3250.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="44484.00"/>	<input type="text" value="125744.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22005.00"/>	<input type="text" value="103265.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22479.00"/>	<input type="text" value="22479.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Report Covering the Period: From: 03 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	750.00	3250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	750.00	3250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	750.00	3250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	750.00	3250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	750.00	3250.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5.00	15.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5.00	15.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	103250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22005.00	103265.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22005.00	103265.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	750.00	3250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	750.00	3250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5.00	15.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	15.00

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Michael H Fergen

Mailing Address 3135 Sunner Ave

City Spirit Lake State IA Zip Code 51360-7678

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

Name of Employer State Farm Occupation 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 / 31 / 2016
Transaction ID : 9857EAFAA4B1443B9F68

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Keith M Folmar

Mailing Address PO Box 118

City Drifting State PA Zip Code 16834-0118

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

Name of Employer State Farm Occupation 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 / 10 / 2016
Transaction ID : 6445909C14964DE394A7

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	750.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Buck for Colorado

Mailing Address PO Box 338018

City State Zip Code
Greeley CO 80633

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kenneth R. Buck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : 42FF0CB5ABB83DA2BA6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Butterfield for Congress

Mailing Address 434 Fayetteville Street
Suite 2020

City State Zip Code
Raleigh NC 27601

Purpose of Disbursement
2016 Primary

011

Candidate Name

George Kenneth Butterfield Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : 0044827D2068D35BCD7

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Waters

Mailing Address 249 E Ocean Blvd # 685

City State Zip Code
Long Beach CA 90802

Purpose of Disbursement
2016 General

011

Candidate Name

Maxine Waters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : 3B6795865F35B0C1354

Amount of Each Disbursement this Period

3000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clay Jr. for Congress

Mailing Address PO Box 4544

City St. Louis State MO Zip Code 63108

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

William Lacy Clay Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 1CAD96E5EDAAA9C6EF4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

David Albert Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2016

Transaction ID : E707237B7439912BA41

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Emmer for Congress

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Thomas Earl Emmer Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : A0F895FAD9C615A1F89

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Gregory Weldon Meeks

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A23AB13ECDC78AF70D1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Cheri Bustos

Mailing Address 1050 17th St NW Ste 590

City State Zip Code
Washington DC 20036

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

Cheryl L. Bustos

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D82BC72B674DFC8331F

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Gallego for Arizona

Mailing Address PO Box 1710

City State Zip Code
Phoenix AZ 85001

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Ruben M. Gallego

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7B6D490482F83CE6BFB

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heidi for Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Heidi Heitkamp

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

/ /

Transaction ID : 1453BFAF6886D4F5DF3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoosiers for Rokita, Inc.

Mailing Address 5802 Oak Avenue

City Indianapolis State IN Zip Code 46219-7219

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Theodore Edward Rokita

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

/ /

Transaction ID : 347EA243563868D881C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Kaine for Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Timothy Michael Kaine

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

/ /

Transaction ID : E6CB40D75179DE044C7

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 205 5th Avenue S
Room 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2016 Primary

Candidate Name

Ronald James Kind

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2016

Transaction ID : 3D408879CFC78D53652

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kurt Schrader for Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
2016 Primary

Candidate Name

Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 6782C15A3EFE04B1B43

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People for Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement
2016 General

Candidate Name

Derek Kilmer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 2C9C2DC08370A40CAD3

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Swalwell for Congress

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Eric Michael Swalwell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : 0F553F0B07C6A5AFE3D

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Timothy Eugene Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : 4433F2705E78D6E52D9

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Timothy Eugene Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : B9C699FB6EDC5281E3C

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Walker 4 NC

Mailing Address PO Box 99247

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Bradley Mark Walker

Office Sought: House
 Senate
 President
State: NC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A6079AAEF09E80429E5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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