

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 11 / 27 / 2018 through 12 / 31 / 2018

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 01 / 29 / 2019

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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="129501.67"/>	<input type="text" value="129501.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="162068.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7693.50"/>	<input type="text" value="362085.74"/>
(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="169762.45"/>	<input type="text" value="491587.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8040.00"/>	<input type="text" value="329864.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="161722.45"/>	<input type="text" value="161722.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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:  /  /

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).....	7266.84	340690.72
(ii) Unitemized .....	426.66	21395.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7693.50	362085.74
(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) .....	7693.50	362085.74
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)).....▶	7693.50	362085.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7693.50	362085.74

**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 .....	40.00	40.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	40.00	40.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	289700.00
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 .....	0.00	324.96
(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	324.96
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	39800.00
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)) ..	8040.00	329864.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8040.00	329864.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7693.50	362085.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	324.96
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7693.50	361760.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	40.00	40.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40.00	40.00

**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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Adams, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9300 Poundstone Pl  
 City Greenwood Village State CO Zip Code 80111-3410  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2018  
**Transaction ID : 4B74A0D4894780515B8B**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Alvarez, Carmelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9106 Juneau Ave  
 City Lubbock State TX Zip Code 79424-7857  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2018  
**Transaction ID : 4CCEA76A75516A4222FC**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 2083.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2018  
**Transaction ID : 4487A0CBF1E3873BA456**  
 Amount of Each Receipt this Period  
 208.32  
 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 7 OF 41
<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. 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 **12 / 13 / 2018**  
**Transaction ID : 4AAE9797D9911EC751D2**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Berna, Susanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Brittany Ct  
 City Bloomington State IL Zip Code 61704-8367  
 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 **12 / 17 / 2018**  
**Transaction ID : 4BE485C4B14CF37B8E8A**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 1250.00

Date of Receipt **12 / 16 / 2018**  
**Transaction ID : 4B0FB3197C90A45F4201**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brown, Russell, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 Panorama Dr  
 City Medford State OR Zip Code 97504-5638  
 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 ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2018  
**Transaction ID : 4CD1924027355406E6B4**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Burns, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 Highlands in the Woods Dr  
 City Lakeland State FL Zip Code 33813-3810  
 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 ▼ 1125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2018  
**Transaction ID : 47AB9219C6C0F7958E3E**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Burns, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 Highlands in the Woods Dr  
 City Lakeland State FL Zip Code 33813-3810  
 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 ▼ 1125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2018  
**Transaction ID : 45BC89B801A59D8872D2**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 9 OF 41
<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. Butler, King, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 Ascott Valley Dr

City Johns Creek	State GA	Zip Code 30097-5923
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Farm	Occupation (for Individual) Vpo
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2018

**Transaction ID : 46FBBE52B2D3F5106AAD**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 1111 Ascott Valley Dr

City Johns Creek	State GA	Zip Code 30097-5923
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Farm	Occupation (for Individual) Vpo
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

**Transaction ID : 45268538A985D2A69A1E**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 10 Pebblebrook Ct

City Bloomington	State IL	Zip Code 61705-6300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Farm	Occupation (for Individual) Vpo
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2018

**Transaction ID : 4B909817D6A9AB66C3B4**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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 41
	<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. Callis, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Pebblebrook Ct  
 City Bloomington State IL Zip Code 61705-6300  
 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 ▼ 1125.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : A45D7D950B4B41658643**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Cegon, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2061 Wiltsey Ct SE  
 City Salem State OR Zip Code 97306-6903  
 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 ▼ 600.00

Date of Receipt 12 / 25 / 2018  
**Transaction ID : 4080AD49BD8C494637E6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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) Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 833.20

Date of Receipt 12 / 08 / 2018  
**Transaction ID : 48C89AA03D70C9FF74A9**  
 Amount of Each Receipt this Period 83.32  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	633.32
<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 11 OF 41
	<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. Debacker, Al, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 Irwin Ct N  
 City Keizer State OR Zip Code 97303-7471  
 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 **12 / 06 / 2018**  
**Transaction ID : 4940A64DAFF47547CE15**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Dill, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Barker Ave Apt 1219  
 City White Plains State NY Zip Code 10601-1574  
 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 ▼ 289.96

Date of Receipt **12 / 01 / 2018**  
**Transaction ID : 4447A3634CA264E07709**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Downie, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3211 NW Miller Rd  
 City Portland State OR Zip Code 97229-8566  
 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 ▼ 687.50

Date of Receipt **12 / 20 / 2018**  
**Transaction ID : 4EAC9511C37D85539789**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.50
<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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Edmonds, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18043 SW Scholls Ferry Rd  
 City Beaverton State OR Zip Code 97007-8821  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2018  
**Transaction ID : 4E07B774581F727DDEA7**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Edwards, Devonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8904 Montmedy Ct  
 City Bakersfield State CA Zip Code 93311-1580  
 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 ▼ 208.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2018  
**Transaction ID : 4DFBAC060AC904E685AA**  
 Amount of Each Receipt this Period  
 20.82  
 Memo Item

**C. Eggers, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 NE Commercial Ave  
 City Roseburg State OR Zip Code 97470-3514  
 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 ▼ 249.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2018  
**Transaction ID : 49D4A25BEC7788D84248**  
 Amount of Each Receipt this Period  
 20.82  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.64
<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 41
	<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. Eggers, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 NE Commercial Ave  
 City Roseburg State OR Zip Code 97470-3514  
 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 ▼ 249.84

Date of Receipt **12 / 30 / 2018**  
**Transaction ID : 498388D1709F867A3767**  
 Amount of Each Receipt this Period 20.82  
 Memo Item

**B. Engle, Erin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2803 Powell Dr  
 City Bloomington State IL Zip Code 61704-4698  
 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 ▼ 274.92

Date of Receipt **12 / 09 / 2018**  
**Transaction ID : 47F49D764640500EC262**  
 Amount of Each Receipt this Period 8.32  
 Memo Item

**C. Fletcher, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6509 Alderbrook PI  
 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) Enterprise Tech Exec - P&C  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 18 / 2018**  
**Transaction ID : 459AA5A26640291F5D7F**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 129.14  
**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 14 OF 41
	<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. Frati, Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 Cross Creek Dr  
 City Roseburg State OR Zip Code 97471-9839  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2018  
**Transaction ID : 45A690B9B5736F61A145**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Furer, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5160  
 City Salem State OR Zip Code 97304-0160  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2018  
**Transaction ID : 4539A820EE9F98FBBEF8**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Gourley, Corkey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39091 McKenzie Hwy  
 City Springfield State OR Zip Code 97478-8603  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2018  
**Transaction ID : 43BFA4C3C969098F7397**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gourley, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5921 Landmark Ln  
 City Eugene State OR Zip Code 97402-7570  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2018  
**Transaction ID : 4B248329F8305A050767**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Gourley, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5921 Landmark Ln  
 City Eugene State OR Zip Code 97402-7570  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2018  
**Transaction ID : 4490AFE8BB6CE582BE8**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Hagemann, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19800 SW Tile Flat Rd  
 City Beaverton State OR Zip Code 97007-8700  
 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  
 12 / 26 / 2018  
**Transaction ID : 40E2B842046A952E29B6**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 41
	<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. Higa-Seaver, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 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 - Ccc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 600.00

Date of Receipt 11 / 30 / 2018  
**Transaction ID : 47C3848C686AFD538754**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Higa-Seaver, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 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 - Ccc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 600.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : 416FB5076D81053A3D45**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Hirunpugdi, Brent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2227 Dollarhide Way  
 City Ashland State OR Zip Code 97520-3792  
 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 240.00

Date of Receipt 12 / 22 / 2018  
**Transaction ID : 42E5BE7F32C86BEE0A7C**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 120.00  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<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. Horvath, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8415 Blackwood Dr  
 City Windsor State CO Zip Code 80550-4699  
 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 ▼ 600.00

Date of Receipt 12 / 25 / 2018  
 Transaction ID : 4D358EB912C8D84EE13A  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kasten, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3631 Yellowstone Dr  
 City Normal State IL Zip Code 61761-9571  
 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 ▼ 1000.00

Date of Receipt 12 / 16 / 2018  
 Transaction ID : 439688EEF38C5EAC6F80  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 675.00

Date of Receipt 12 / 14 / 2018  
 Transaction ID : 4604B2CFD5820E149B4D  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 18 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kelley, Natalie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 Grange Rd  
 Ste 102  
 City Roseburg State OR Zip Code 97471-5846  
 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 **12 / 11 / 2018**  
**Transaction ID : 4CAAB0F3A398871B2C03**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Korgan, Malyka, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11078 Cimarron St  
 Unit D  
 City Firestone State CO Zip Code 80504-6600  
 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 ▼ 700.00

Date of Receipt **11 / 30 / 2018**  
**Transaction ID : 2018112614174-1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 700.00

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : 2018122114414-1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 19 OF 41
	<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. Loftus, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 Lake Ave  
 Apt 206  
 City Saratoga Spgs State NY Zip Code 12866-2742  
 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 ▼ 1874.88

Date of Receipt 12 / 10 / 2018  
**Transaction ID : 4AF6A6F2DA0AA8568B21**  
 Amount of Each Receipt this Period 208.32  
 Memo Item

**B. Lulay, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8388 Valley Way SE  
 City Turner State OR Zip Code 97392-9636  
 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 ▼ 600.00

Date of Receipt 12 / 10 / 2018  
**Transaction ID : 4BCCA952A9CDF7939FCA**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 1200.00

Date of Receipt 12 / 09 / 2018  
**Transaction ID : 4E6F8BFCE750DFE581AA**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	358.32
<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 20 OF 41
<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. Martin, Jordan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 436 Terry St

City Longmont	State CO	Zip Code 80501-5442
------------------	-------------	------------------------

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
12	/	31	/	2018

**Transaction ID : 2018122114414-2**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 11106 SE Scotts Summit Ct

City Happy Valley	State OR	Zip Code 97086-9105
----------------------	-------------	------------------------

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
12	/	02	/	2018

**Transaction ID : 4FCBA714146BF17E3555**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. 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 ▼  
1275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2018

**Transaction ID : 41DDBFE510579D8C1AF1**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 21 OF 41
	<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. Miner, Jane Wright, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Pheasant Xing  
 City Glastonbury State CT Zip Code 06033-2857  
 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 ▼ 600.00

Date of Receipt 12 / 01 / 2018  
**Transaction ID : 49B6BB5DB2A9FA0AE1AE**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Monteiro, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Redbridge Ct  
 City Setauket State NY Zip Code 11733-1970  
 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 12 / 20 / 2018  
**Transaction ID : 4257A871CEF0F9C37AE1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Nadelhoffer, Gus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14800 SW 150th Ave  
 City Tigard State OR Zip Code 97224-1154  
 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 ▼ 363.28

Date of Receipt 12 / 19 / 2018  
**Transaction ID : 4C2FA41C6A4B80A5A416**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.66
<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 41
	<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. Nash, Robert Ralph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9302 Parkstone Cir  
 City Roseville State CA Zip Code 95747-6326  
 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 ▼ 1100.00

Date of Receipt **12 / 19 / 2018**  
**Transaction ID : 497B9470E4DDEF6640BF**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Nazar, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1351 Aberdeen Ave  
 City Baton Rouge State LA Zip Code 70808-3710  
 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 ▼ 208.20

Date of Receipt **12 / 15 / 2018**  
**Transaction ID : 4365A414DF05EE65F048**  
 Amount of Each Receipt this Period 20.82  
 Memo Item

**C. Nicholson, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1341 Highcrest Dr  
 City Medford State OR Zip Code 97504-9351  
 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 ▼ 600.00

Date of Receipt **12 / 26 / 2018**  
**Transaction ID : 4C2CAE495BAD9DB08204**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	670.82
<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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Nusbaum, E J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4308 Teeter Totter Cir  
 City Colorado Spgs State CO Zip Code 80917-2937  
 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 **12 / 23 / 2018**  
**Transaction ID : 490C9F599E2F6779CB8C**  
 Amount of Each Receipt this Period 25.00  
 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 **11 / 30 / 2018**  
**Transaction ID : 46509D45B759F99A6E31**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. 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 **12 / 30 / 2018**  
**Transaction ID : 48ACBC705D0AEFC24148**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 41
	<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. Passarelli, Jim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15055 W Warren Ave

City Lakewood	State CO	Zip Code 80228-6411
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : 4722801FCF7FE050EB48**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 35 Lincolnshire Ln

City Springboro	State OH	Zip Code 45066-9509
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : 4BB9BF6DC7BF0D33E287**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 24 Derby Way

City Bloomington	State IL	Zip Code 61704-2820
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) State Farm	Occupation (for Individual) Vpo
---	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : 411CAB11F4DF48F38CE6**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="658.32"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>



**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 41
	<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. Ray, Bill, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Pebblebrook Ct

City Bloomington	State IL	Zip Code 61705-6300
---------------------	-------------	------------------------

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

Name of Employer (for Individual) State Farm	Occupation (for Individual) Associate Medical Director
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

**Transaction ID : 4285BB41FA5639BC9F0B**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 11 Pebblebrook Ct

City Bloomington	State IL	Zip Code 61705-6300
---------------------	-------------	------------------------

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

Name of Employer (for Individual) State Farm	Occupation (for Individual) Associate Medical Director
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2018

**Transaction ID : 4C2DB61C31433BB30262**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 9078 W Polk Dr

City Littleton	State CO	Zip Code 80123-3359
-------------------	-------------	------------------------

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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2018

**Transaction ID : 4A6587C406F4F7EF5AB0**

Amount of Each Receipt this Period  
62.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	162.50
<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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Rideout, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6868 W Jewell Dr  
 City Lakewood State CO Zip Code 80227-2579  
 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 ▼ 1200.00

Date of Receipt  
 11 / 28 / 2018  
**Transaction ID : 44A4B96D13C060A490F2**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Rideout, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6868 W Jewell Dr  
 City Lakewood State CO Zip Code 80227-2579  
 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 ▼ 1200.00

Date of Receipt  
 12 / 28 / 2018  
**Transaction ID : 4E6DA963F38FB273D27B**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Roberts, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8226 S Reed St  
 City Littleton State CO Zip Code 80128-5672  
 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 ▼ 600.00

Date of Receipt  
 12 / 13 / 2018  
**Transaction ID : 4394819D2E59C5329477**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rutledge, Andy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3745 W 16th Street Ln  
 City Greeley State CO Zip Code 80634-3437  
 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  
 12 / 01 / 2018  
**Transaction ID : 4410925AEFF3AEF00207**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Sanchez, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41764 Corte Lara  
 City Temecula State CA Zip Code 92592-6314  
 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 ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2018  
**Transaction ID : 4BCF94A0A832648A7C4B**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Schreder, Joy L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1630 Locust Hills Pl  
 City Wayzata State MN Zip Code 55391-1972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Occupation (for Individual) Area Vice President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2018  
**Transaction ID : 414B92BB9B720FC0BA2A**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 28 OF 41
	<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. Schupbach, Schuyler, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9125 Deer Ridge Dr  
 City Bloomington State IL Zip Code 61705-7821  
 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 ▼ 333.28

Date of Receipt 12 / 15 / 2018  
**Transaction ID : 4E0C8487E121339E1621**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Slater, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5264 S Haleyville St  
 City Aurora State CO Zip Code 80016-4273  
 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 ▼ 600.00

Date of Receipt 12 / 13 / 2018  
**Transaction ID : 47A398B1DBDC3EF85CCA**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Slowikowski, Cora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3423 Ridgeway Dr SE  
 City Turner State OR Zip Code 97392-9543  
 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 ▼ 1100.00

Date of Receipt 12 / 23 / 2018  
**Transaction ID : 43B1BF41C94401BB581E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.66
<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 41
	<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. Soares De Sa, Gustavo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 295 3rd St  
 Apt 5  
 City Lake Oswego State OR Zip Code 97034-3057  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2018  
**Transaction ID : 4A5CA5013691C38B3287**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Spears, Derek, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2021 SW Main St  
 Unit 36  
 City Portland State OR Zip Code 97205-1543  
 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2018  
**Transaction ID : 4531AA9E88A38C76D303**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Spoon, Rachael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7460 Ruth Dr  
 City Klamath Falls State OR Zip Code 97603-9023  
 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  
 12 / 22 / 2018  
**Transaction ID : 4C12977427AD55DE0F64**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 30 OF 41
	<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. Stirm, Dean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Ash Dr  
 City Rogue River    State OR    Zip Code 97537-9624  
 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 11 / 27 / 2018  
**Transaction ID : 43B7BEEDF7CD9DCA6093**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Stirm, Dean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Ash Dr  
 City Rogue River    State OR    Zip Code 97537-9624  
 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 12 / 27 / 2018  
**Transaction ID : 490BBDBBF568544BD902**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Summers, Chris, , ,**  
 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 ▼ 499.92

Date of Receipt 12 / 24 / 2018  
**Transaction ID : 4CE99455B31F1AD77133**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.66
<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 41
	<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

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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 ▼ 2499.84

Date of Receipt 12 / 21 / 2018  
**Transaction ID : 4DC3A69C10C7478C9331**  
 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 Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 12 / 18 / 2018  
**Transaction ID : 421EAAFB0FF68CC1B535**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Tran, Mai, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3143 S 276th Ct  
 City Auburn State WA Zip Code 98001-5014  
 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 12 / 16 / 2018  
**Transaction ID : 4EF78306B1C020D8C9A2**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	358.32
<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 32 OF 41
	<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

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

**A. 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 ▼ 2085.00

Date of Receipt **11 / 27 / 2018**  
**Transaction ID : 4079AA766F44A60747D3**  
 Amount of Each Receipt this Period 208.50  
 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 ▼ 2085.00

Date of Receipt **12 / 27 / 2018**  
**Transaction ID : 4AD2A986F6A4CD380118**  
 Amount of Each Receipt this Period 208.50  
 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 ▼ 1500.00

Date of Receipt **12 / 23 / 2018**  
**Transaction ID : 47B691EE1CDE29930C3E**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	542.00
<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 33 OF 41
	<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. 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 ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2018  
**Transaction ID : 49359BD43D31C0BCA179**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Williams, Russel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 Winkel Way  
 City West Linn State OR Zip Code 97068-2165  
 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  
 12 / 21 / 2018  
**Transaction ID : 4E878866E1CE47F228BE**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Wimmer, Russ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1082  
 City Medford State OR Zip Code 97501-0079  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2018  
**Transaction ID : 4B2A9DEFFDD647114A0E**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<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 34 OF 41
	<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. Witt, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5208 Jones Rd SE  
 City Salem State OR Zip Code 97306-1710  
 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 12 / 14 / 2018  
 Transaction ID : 43BCA3C73B6E5A1CEF10  
 Amount of Each Receipt this Period 25.00  
 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 1200.00

Date of Receipt 12 / 06 / 2018  
 Transaction ID : 478B82388B75E875A638  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Zech, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5288 Donohoe Ave  
 City Eugene State OR Zip Code 97402-1472  
 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 458.26

Date of Receipt 12 / 21 / 2018  
 Transaction ID : 42F3BE458C9A38601496  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.66
<b>TOTAL</b> This Period (last page this line number only).....	7266.84

**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) <b>A. Collins For Senator</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2018
Mailing Address PO Box 1096		FEC Identification Number C C00314575 <b>Transaction ID : 862F15A698E</b>
City Bangor	State ME	Zip Code 04402
Purpose of Disbursement 2020 Primary	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Collins, Susan, Margaret, ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: ME District:	

Full Name (Last, First, Middle Initial) <b>B. Cory Gardner For Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2018
Mailing Address 9227 E Lincoln Ave #200-234		FEC Identification Number C C00492454 <b>Transaction ID : B3760A42619</b>
City Lone Tree	State CO	Zip Code 80124-5506
Purpose of Disbursement 2020 Primary	Category/Type 011	Amount of Each Disbursement this Period 3000.00
Candidate Name <b>Gardner, Cory, , ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CO District:	

Full Name (Last, First, Middle Initial) <b>C. Cory Gardner For Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2018
Mailing Address 9227 E Lincoln Ave #200-234		FEC Identification Number C C00492454 <b>Transaction ID : 69A1A7154E</b>
City Lone Tree	State CO	Zip Code 80124-5506
Purpose of Disbursement 2020 General	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Gardner, Cory, , ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CO District:	

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

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

6000.00

**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. Perdue For Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 12077

City Atlanta State GA Zip Code 30355-2077

Purpose of Disbursement  
2020 General

Candidate Name  
Perdue, David, Alfred, , Jr.

Office Sought:  House  Senate  President  
State: GA District:

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2018

FEC Identification Number  
C C00547570  
Transaction ID : 06EE18620Ez  
Amount of Each Disbursement this Period  
1000.00

Category/Type  
011

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Category/Type

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Category/Type

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7000.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DYLAN ROBERTS FOR COLORADO**

Mailing Address PO BOX 3542

City Eagle State CO Zip Code 81631

Purpose of Disbursement 2018 Primary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 20 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : 1B23C7BB46**  
Amount of Each Disbursement this Period: - 200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DYLAN ROBERTS FOR COLORADO**

Mailing Address PO BOX 3542

City Eagle State CO Zip Code 81631

Purpose of Disbursement 2018 General

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 20 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : A21F202D649**  
Amount of Each Disbursement this Period: - 200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ELECT THOMAS TONY EXUM**

Mailing Address 3672 IGUANA DRIVE

City COLORADO SPRINGS State CO Zip Code 80910

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C [REDACTED]  
**Transaction ID : 3F02D3845D**  
Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ - 200.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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) <b>A. JEFF BRIDGES FOR COLORADO</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2018
Mailing Address 7600 LANDMARK WAY #805		FEC Identification Number C [REDACTED] <b>Transaction ID : 3C1BAF27CA</b> Amount of Each Disbursement this Period 200.00
City GREENWOOD VILLAGE	State CO	Zip Code 80111
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. JEFF BRIDGES FOR COLORADO</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2018
Mailing Address 7600 LANDMARK WAY #805		FEC Identification Number C [REDACTED] <b>Transaction ID : FA9FC1FE9E</b> Amount of Each Disbursement this Period 200.00
City GREENWOOD VILLAGE	State CO	Zip Code 80111
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. LESLIE HEROD FOR COLORADO</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2018
Mailing Address 2556 DEXTER ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : F6310899E8</b> Amount of Each Disbursement this Period - 200.00
City DENVER	State CO	Zip Code 80207
Purpose of Disbursement 2018 General		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	200.00
<b>TOTAL</b> 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. LESLIE HEROD FOR COLORADO**

Full Name (Last, First, Middle Initial)

Mailing Address 2556 DEXTER ST.

City DENVER State CO Zip Code 80207

Purpose of Disbursement 2018 Primary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C

Transaction ID : F8D9E41700E

Amount of Each Disbursement this Period: - 200.00

Memo Item

**B. LESLIE HEROD FOR COLORADO**

Full Name (Last, First, Middle Initial)

Mailing Address 2556 DEXTER ST.

City DENVER State CO Zip Code 80207

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C

Transaction ID : 1E13138FD63

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. LESLIE HEROD FOR COLORADO**

Full Name (Last, First, Middle Initial)

Mailing Address 2556 DEXTER ST.

City DENVER State CO Zip Code 80207

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C

Transaction ID : 3A40F89CDC

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 200.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. PATRICK FOR COLORADO**

Full Name (Last, First, Middle Initial)  
Mailing Address 4128 ASTRION CT

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

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

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C  
Transaction ID : A6B68CE4B8  
Amount of Each Disbursement this Period: 200.00

Memo Item

**B. PATRICK FOR COLORADO**

Full Name (Last, First, Middle Initial)  
Mailing Address 4128 ASTRION CT

City CASTLE ROCK State CO Zip Code 80104

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

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

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C  
Transaction ID : D0BE5EB0D2  
Amount of Each Disbursement this Period: 200.00

Memo Item

**C. VOTECORAM.COM**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 3023

City MONTROSE State CO Zip Code 81402

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

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

Date of Disbursement: 11 / 27 / 2018

FEC Identification Number: C  
Transaction ID : AF0836088D  
Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 600.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. VOTECORAM.COM**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 3023

City: **MONTROSE** State: **CO** Zip Code: **81402**

Purpose of Disbursement: **Nonfederal Contribution** Category/Type: **011**

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **11 / 27 / 2018**

FEC Identification Number: **C**

**Transaction ID : B6973F88C8**

Amount of Each Disbursement this Period: **200.00**

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1000.00</b>