

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

Check if different than previously reported. (ACC) c/o Mark Schwamberger, Treasurer,

Bloomington IL 61710-0001

2. **FEC IDENTIFICATION NUMBER ▼** C00544817 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

01 / 01 / 2020 through 01 / 31 / 2020

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

Type or Print Name of Treasurer Schwamberger, Mark, , ,

Signature of Treasurer Schwamberger, Mark, , , [Electronically Filed] Date MM / DD / YYYYYY

02 / 14 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="199798.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="199798.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9991.91"/>	<input type="text" value="9991.91"/>
(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="209790.25"/>	<input type="text" value="209790.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11270.00"/>	<input type="text" value="11270.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="198520.25"/>	<input type="text" value="198520.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2020 To: M M / D D / Y Y Y Y 01 / 31 / 2020

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).....	3324.96	3324.96
(ii) Unitemized	6666.95	6666.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9991.91	9991.91
(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)	9991.91	9991.91
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)).....▶	9991.91	9991.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9991.91	9991.91

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	20.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20.00	20.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	750.00	750.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11270.00	11270.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11270.00	11270.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9991.91	9991.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9991.91	9991.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20.00	20.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20.00	20.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Alexander, Lauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Tin Cup Way
 City Newberg State OR Zip Code 97132-4034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2020
Transaction ID : 4E2A8F42-A220-469A-
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. 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 ▼ 208.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2020
Transaction ID : 49A8ABDB08A4B76B2301
 Amount of Each Receipt this Period
 208.32
 Memo Item

C. Bryson, Katinka M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Country Club Pl
 City Bloomington State IL Zip Code 61701-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Agency Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2020
Transaction ID : 483EAFBCEA98B46A726F
 Amount of Each Receipt this Period
 208.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.64
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 7 OF 14
	<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. Dorsey, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15911 Ballantyne Trl

City Huntertown	State IN	Zip Code 46748-9120
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 03 / 2020
Transaction ID : F2610393-C417-49B1-

Amount of Each Receipt this Period
 250.00

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
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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 ▼
 1000.00

Date of Receipt
 01 / 12 / 2020
Transaction ID : 4400AB001F00FED3CCBD

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Feinen, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3305 Springview Ln

City Champaign	State IL	Zip Code 61822-6179
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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 ▼
 1200.00

Date of Receipt
 01 / 03 / 2020
Transaction ID : 2238CEC2-6F8D-416F-

Amount of Each Receipt this Period
 1200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Terry, Victor, , ,

Mailing Address 6008 Southwind Ln

City McKinney	State TX	Zip Code 75070-4871
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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 ▼
208.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2020

Transaction ID : 47D7A271AB6EA56FCA50

Amount of Each Receipt this Period
208.32

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	208.32
TOTAL This Period (last page this line number only).....▶	3324.96

**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. Adrian Smith For Congress

Full Name (Last, First, Middle Initial)
Adrian Smith For Congress

Date of Disbursement: 01 / 21 / 2020

Mailing Address: 1126 Avenue A, Ste 6
City: Scottsbluff, State: NE, Zip Code: 69361-3563

Purpose of Disbursement: 2020 Primary
Candidate Name: Smith, Adrian, Michael, ,
Office Sought: House, Senate, President
Disbursement For: 2020, Primary, General, Other (specify) ▼
State: NE, District: 03

FEC Identification Number: C00412890
Transaction ID: BC3C667CC0
Amount of Each Disbursement this Period: 1000.00
 Memo Item

B. Cleaver For Congress

Full Name (Last, First, Middle Initial)
Cleaver For Congress

Date of Disbursement: 01 / 14 / 2020

Mailing Address: P.O.Box 411872
City: Kansas City, State: MO, Zip Code: 64141

Purpose of Disbursement: 2020 General
Candidate Name: Cleaver, Emanuel, , , II
Office Sought: House, Senate, President
Disbursement For: 2020, Primary, General, Other (specify) ▼
State: MO, District: 05

FEC Identification Number: C00395848
Transaction ID: A1095B70095
Amount of Each Disbursement this Period: 500.00
 Memo Item

C. Cleaver For Congress

Full Name (Last, First, Middle Initial)
Cleaver For Congress

Date of Disbursement: 01 / 14 / 2020

Mailing Address: P.O.Box 411872
City: Kansas City, State: MO, Zip Code: 64141

Purpose of Disbursement: 2020 Primary
Candidate Name: Cleaver, Emanuel, , , II
Office Sought: House, Senate, President
Disbursement For: 2020, Primary, General, Other (specify) ▼
State: MO, District: 05

FEC Identification Number: C00395848
Transaction ID: F177D7E7BA
Amount of Each Disbursement this Period: 500.00
 Memo Item

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

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

2000.00

**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. Collins For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement 2020 Primary

Candidate Name Collins, Douglas, Allen, ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: GA District: 09

Date of Disbursement: 01 / 14 / 2020

FEC Identification Number: C00502039
Transaction ID : 7C0EF14C57
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Collins For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement 2020 Primary

Candidate Name Collins, Douglas, Allen, ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: GA District: 09

Date of Disbursement: 01 / 28 / 2020

FEC Identification Number: C00502039
Transaction ID : 3BEBDDEF5L
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. Friends For Gregory Meeks

Full Name (Last, First, Middle Initial)
Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement 2020 Primary

Candidate Name Meeks, Gregory, Weldon, ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NY District: 05

Date of Disbursement: 01 / 22 / 2020

FEC Identification Number: C00430991
Transaction ID : 7560991B227
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Himes For Congress

Mailing Address 857 Post Road, #312

City
Fairfield

State
CT

Zip Code
06824

Purpose of Disbursement
2020 Primary

011

Candidate Name

Himes, James, Andrew, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

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

FEC Identification Number

C C00434191

Transaction ID : DFE8C45C7C

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. John Carter For Congress

Mailing Address 201 Univ. Oaks Blvd, Ste 540 #148

City
Round Rock

State
TX

Zip Code
78665

Purpose of Disbursement
2020 Primary

011

Candidate Name

Carter, John, R., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TX District: 31

Date of Disbursement

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

FEC Identification Number

C C00371203

Transaction ID : E85C5BAA15

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126-1172

Purpose of Disbursement
2020 Primary

011

Candidate Name

Larson, John, Barry, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	2	0

FEC Identification Number

C C00330142

Transaction ID : CFE5EB6CEI

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

1500.00

**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. Schneider For Congress

Full Name (Last, First, Middle Initial)
Schneider For Congress

Date of Disbursement: 01 / 14 / 2020

Mailing Address PO Box 1318

City: Deerfield, State: IL, Zip Code: 60015

Purpose of Disbursement: 2020 Primary

Candidate Name: Schneider, Bradley, Scott, ,

Office Sought: House, Senate, President

Disbursement For: 2020, Primary, General, Other (specify) ▼

State: IL, District: 10

FEC Identification Number: C00495952
Transaction ID: 5E4C13DA48
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Tom Reed For Congress

Full Name (Last, First, Middle Initial)
Tom Reed For Congress

Date of Disbursement: 01 / 14 / 2020

Mailing Address PO Box 94

City: Corning, State: NY, Zip Code: 14830

Purpose of Disbursement: 2020 Primary

Candidate Name: Reed, Thomas, W., , II.

Office Sought: House, Senate, President

Disbursement For: 2020, Primary, General, Other (specify) ▼

State: NY, District: 23

FEC Identification Number: C00464032
Transaction ID: 5FAE5D85FF
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City, State, Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President

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

State, District

FEC Identification Number

Amount of Each Disbursement this Period

Category/Type

Memo Item

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

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

2000.00
10500.00

**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

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. Cheri Helt for State Representative

Full Name (Last, First, Middle Initial)

Mailing Address 2915 Celilo Lane

City Bend State OR Zip Code 97703

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2020

FEC Identification Number: C

Transaction ID : 77239B35B3E

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Cheri Helt for State Representative

Full Name (Last, First, Middle Initial)

Mailing Address 2915 Celilo Lane

City Bend State OR Zip Code 97703

Purpose of Disbursement 2020 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2020

FEC Identification Number: C

Transaction ID : EB915190FE4

Amount of Each Disbursement this Period: - 500.00

Memo Item

C. Friends of Kim Thatcher

Full Name (Last, First, Middle Initial)

Mailing Address 8970 Huff Ave

City Salem State OR Zip Code 97303

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2020

FEC Identification Number: C

Transaction ID : EC1B24717D

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 500.00

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. Ron Noble for Oregon

Full Name (Last, First, Middle Initial)
Mailing Address 89286 Cranberry Lane

City Bandon State OR Zip Code 97411

Purpose of Disbursement Nonfederal Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 13 / 2020

FEC Identification Number: C
Transaction ID : DD07127CFB
Amount of Each Disbursement this Period: 250.00

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: / /

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
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C
Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	750.00