



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="122494.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="232074.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="53400.00"/>	<input type="text" value="303500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="285474.00"/>	<input type="text" value="425994.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27545.00"/>	<input type="text" value="168065.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="257929.00"/>	<input type="text" value="257929.00"/>
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**

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).....	53300.00	302400.00
(ii) Unitemized .....	100.00	1100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	53400.00	303500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	53400.00	303500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	53400.00	303500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53400.00	303500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	45.00	65.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45.00	65.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	168000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27545.00	168065.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27545.00	168065.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	53400.00	303500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53400.00	303500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	45.00	65.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45.00	65.00

**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 25
	<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**

**A. Brad Barclay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10598 N 600 East Rd  
 City State Zip Code  
 Stanford IL 61774-9497  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Farm Director - Ccc Administration  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : B77A1F468D5F425F8521**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Jeff S Barton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8603 NE 154th Cir  
 City State Zip Code  
 Battle Ground WA 98604-5249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Farm Vp-Agency/Sales  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : 1039F8FE6968447FA89F**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Richard A Bates**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3402 Stephanie Rd  
 City State Zip Code  
 Bloomington IL 61704-2835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Farm Associate General Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2016  
**Transaction ID : D23257F225FC4DFD884E**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 7 OF 25
	<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**

**A. Becky R Blevins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Cedar Knoll Ct  
 City Blythewood State SC Zip Code 29016-8652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : 6D8275C836B8450297EE**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Kristen S Chimack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Everett Ct  
 City Bloomington State IL Zip Code 61705-6557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Convention & Travel Director  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2016  
**Transaction ID : 62DCE856B2E74876A997**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Stephanie M Colegrove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3712 Yellowstone Dr  
 City Normal State IL Zip Code 61761-9511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vpo  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2016  
**Transaction ID : CCB424348F464FA99651**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 25
	<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**

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

Date of Receipt  
 05 / 24 / 2016  
**Transaction ID : BE0AA6F8DABE441BA23C**  
 Amount of Each Receipt this Period  
 4000.00  
 Memo Item

**B. Kristyn Cook-Turner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 952 Chattooga Trce  
 City Suwanee State GA Zip Code 30024-7672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Area Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 05 / 09 / 2016  
**Transaction ID : E3BE43A9F97942239807**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Lisa Y Crouch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3287 Laneview Pl  
 City Oak Hill State VA Zip Code 20171-3936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 05 / 03 / 2016  
**Transaction ID : B3E452BE63304F4E9054**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6750.00
<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 25
	<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**

**A. Lacy B Dubose**  
Full Name (Last, First, Middle Initial)

Mailing Address 12437 Meeting House Rd

City Carmel State IN Zip Code 46032-7280

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

Name of Employer State Farm Occupation Vp-Agency/Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2016  
**Transaction ID : BA2421A6591E45838A37**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B. Nannette C Fosen**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Meadow Creek Ct

City Lexington State IL Zip Code 61753-9105

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

Name of Employer State Farm Occupation Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2016  
**Transaction ID : 9C5C4F2B25CC4FBB946D**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Alicia W Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2002 Crimson Ln

City Bloomington State IL Zip Code 61704-2739

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

Name of Employer State Farm Occupation Claims Mgr - P&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2016  
**Transaction ID : 6EE3DC1C28E740DCB8ED**

Amount of Each Receipt this Period  
 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

**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 10 OF 25
	<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**

**A. Helen M Haggarty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3613 Armstrong Dr  
 City Bloomington State IL Zip Code 61704-2837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Director - Ess&P  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 05 / 03 / 2016  
**Transaction ID : 4F8CD842EF9148299F25**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Julie J Hancer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Derby Way  
 City Bloomington State IL Zip Code 61704-2820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vpo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 05 / 04 / 2016  
**Transaction ID : FD001AC6955F4DB5A864**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Rita N Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15903 Amis Ct  
 City Austin State TX Zip Code 78734-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 05 / 04 / 2016  
**Transaction ID : 0FC74EEB94E540898328**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<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**

**A. Amy L Isuani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Independence Dr  
 City West Chester State PA Zip Code 19382-8043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2016  
**Transaction ID : 68FEC237E827466398C3**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Sam S McCammon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3N943 Walt Whitman Rd  
 City St Charles State IL Zip Code 60175-6501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2016  
**Transaction ID : 1ACCF0986394499EB2B9**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Brad D Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1814 Morgan Farms Way  
 City Brentwood State TN Zip Code 37027-1422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Area Vice President  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : DB0CCBB71D0F4EF0922B**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<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 13 OF 25
	<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**

**A. Scott A Rassi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2101 Foxtail Rd  
 City Bloomington State IL Zip Code 61704-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp - Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016  
**Transaction ID : 53AECB89D2164CBA85B0**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Sonya J Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16021 Caenen St  
 City Overland Park State KS Zip Code 66221-8460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Area Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2016  
**Transaction ID : A78F389D409546F58226**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Ed B Rust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Downing Cir  
 City Bloomington State IL Zip Code 61704-7619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2016  
**Transaction ID : BD7FFAF4828244E8B979**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
	<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**

**A. Sarah E. Rust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Downing Cir  
 City Bloomington State IL Zip Code 61704-7619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation HOME MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : EADFA4F1C8D9410E8444**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Tyrone T Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 National Dr  
 City Duluth State GA Zip Code 30097-2080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Vpo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 24 / 2016  
**Transaction ID : F0649CB212FA4720A413**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Ron B Thein**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation Vp - Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 24 / 2016  
**Transaction ID : 9E5105970F5F423AB0F3**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<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 25
	<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**

**A. John Trier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 Lone Oak Ct  
 City Bloomington State IL Zip Code 61705-9589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Avp-Bank Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2016  
**Transaction ID : 82349D3D64BE4E058D59**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Troy W Turner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Holbrook Dr  
 City Normal State IL Zip Code 61761-5423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vpo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : 954460419AE346CDA514**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Anh Vo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2304 Maidens Castle Dr  
 City Lewisville State TX Zip Code 75056-5628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2016  
**Transaction ID : E4EFE5782D194170BC07**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<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 25
	<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**

**A. Chris C Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2257 Glastonbury Rd  
 City Westlake Vlg State CA Zip Code 91361-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp-Agency/Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016  
**Transaction ID : 5915C2FF066942468AB8**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Joe Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3664 Yellowstone Dr  
 City Normal State IL Zip Code 61761-9571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vice President - Fixed Income  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016  
**Transaction ID : FBB43EDC03BE4C2CAABF**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	53300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alma Adams for Congress**

Mailing Address PO Box 31473

City Charlotte State NC Zip Code 28231

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Alma Shealey Adams**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

**Transaction ID : 80B92BFB234984AE73D**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bob Corker for Senate 2018 Inc**

Mailing Address 1015 Stonebridge Park Dr

City Franklin State TN Zip Code 37069-4001

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Bob P. Corker Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2016

**Transaction ID : 855F6B7C4590CF8F94A**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Capuano for Congress Committee**

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
2016 General

011

Candidate Name

**Michael Everett Capuano**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : 4DFF101F5E9B44619A1**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cummings for Congress Campaign Committee**

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name

**Elijah E. Cummings**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

Date of Disbursement

/  /

**Transaction ID : B932E8F20AE62F8D592**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Denny Heck for Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Dennis Heck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

/  /

**Transaction ID : 69BBFE82B9C083A5770**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Elise for Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Elise M. Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

/  /

**Transaction ID : E400CD1DCC2E0D932BD**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends for Gregory Meeks**

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code  
Jamaica NY 11432

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Gregory Weldon Meeks**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 161F300357F99A846D6**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of John Delaney**

Mailing Address PO Box 70835

City State Zip Code  
Bethesda MD 20813

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**John K. Delaney**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : F83B2F7429FD7F14B5E**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Mark Warner**

Mailing Address 201 North Union Street  
Suite 300

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
2020 Primary

Category/  
Type

Candidate Name  
**Mark Robert Warner**

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 31F51FB6C095A7887D5**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 General

011

Candidate Name

**Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	6

**Transaction ID : 2071DACC571514DED83**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Charles E. Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	6

**Transaction ID : 613866DB1561329293E**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoosiers for Rokita, Inc.**

Mailing Address 5802 Oak Avenue

City Indianapolis State IN Zip Code 46219-7219

Purpose of Disbursement  
2016 General

011

Candidate Name

**Theodore Edward Rokita**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	6

**Transaction ID : E14298812C67254AB3F**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

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

4	5	0	.	0	0
---	---	---	---	---	---

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

4	5	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hoyer for Congress**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 General

011

Candidate Name

**Steny Hamilton Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2016

**Transaction ID : D81CE6A9C54018B93E0**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Klobuchar for Minnesota**

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Amy Jean Klobuchar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

**Transaction ID : 940F80A3E210838D412**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Montanans for Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2018 General

011

Candidate Name

**Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

**Transaction ID : BA7C77F5349654790F8**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Moran for Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement  
2016 General

011

Candidate Name

**Jerry W. Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

**Transaction ID : 843BDBFC55234143C6C**

Amount of Each Disbursement this Period

-500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Moran for Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement  
2016 General

011

Candidate Name

**Jerry W. Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

**Transaction ID : 1BECBD9835CAAE844AE**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Moran for Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement  
2016 General

011

Candidate Name

**Jerry W. Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

**Transaction ID : FFE9FE1B36F57D3C539**

Amount of Each Disbursement this Period

-1500.00

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Tonko for Congress**

Mailing Address 911 Central Avenue  
# 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Paul David Tonko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

**Transaction ID : E5667B1970B88695082**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Edwin George Perlmutter**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : EECB2D31370D3809A77**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Robin Kelly for Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name

**Robin Lynne Kelly**

Office Sought:  House  
 Senate  
 President  
State: IL District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2016

**Transaction ID : 53C7B94D2706DA8DD68**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scalise for Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
2016 General

011

Candidate Name

**Stephen Joseph Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : CC6107A74BD5330DAD3

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sires for Congress**

Mailing Address 6050 Blvd. East  
Apt. 6B

City West New York State NJ Zip Code 07093

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Albio Sires**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : 156667156DC79189949

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stivers for Congress**

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2016 General

011

Candidate Name

**Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : 1961BA5A19C9E59F753

Amount of Each Disbursement this Period

2000.00

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

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NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vicky Hartzler for Congress**

Mailing Address PO Box 531

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Vicky Jo Hartzler**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2016

**Transaction ID : F39FB076B4FEB0BD07F**

Amount of Each Disbursement this Period

1000.00
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Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

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

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

27500.00
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