10/22/2002 11 : 41

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

ADDRESS (number and street) ▼ — 8015 Corporate Drive

Suite A

Check if different than previously reported. (ACC)

Baltimore | MD | 21236 –

2. **FEC IDENTIFICATION NUMBER** ▼ — C00376640

CITY ▲ STATE ▲ ZIPCODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- X October 15 Quarterly Report(Q3)
- January 31 Quarterly 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 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 1996 through 09 30 2002

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 Ronald Sohn

Signature of Treasurer Electronically Filed by Ronald Sohn Date 10 22 2002

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

Report Covering the Period: From: 01 01 1996 To: 09 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 1996		0.00
(b) Cash on Hand at Begining of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	22811.01	1726.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22811.01	1726.01
7. Total Disbursements (from Line 30)	9129.54	187.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13681.47	1538.70
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	100.00	

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

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

Report Covering the Period: From: 01 01 1996 To: 09 30 2002

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)	5520.00	
(ii) Unitemized	11491.01	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	17011.01	1026.01
(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 32, page 4) ..... ▶	17011.01	1026.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	700.00	700.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	4100.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	22811.01	1726.01
20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶	22811.01	1726.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	7429.54	187.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	7429.54	187.31
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	600.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	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)) ▶	100.00	0.00
29. Other Disbursements	1000.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	9129.54	187.31
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	9129.54	187.31
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	17011.01	1026.01
33. Total Contribution Refunds (from Line 28(d))	100.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	16911.01	1026.01
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	7429.54	187.31
36. Offsets to Operating Expenditures (from Line 15, page 3)	4100.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	3329.54	187.31

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): D. Wayne Bates
Mailing Address: 3611 Hunters Trail
City: San Antonio State: TX Zip Code: 78230
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 24 2001
Amount of Each Receipt this Period: 250.00
ck no. 807
Transaction ID: SA11A1.4324

B.
Full Name (Last, First, Middle Initial): Bruce Beach
Mailing Address: 1334 Tilton Road
City: Northfield State: NJ Zip Code: 08225
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 25 1998
Amount of Each Receipt this Period: 300.00
Ck # 8226
Transaction ID: SA11A1.4173

C.
Full Name (Last, First, Middle Initial): Bruce Beach
Mailing Address: 1334 Tilton Road
City: Northfield State: NJ Zip Code: 08225
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt: 05 18 2001
Amount of Each Receipt this Period: 250.00
Ck # 10397
Transaction ID: SA11A1.4199

SUBTOTAL of Receipts This Page (optional) ..... ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A. Full Name (Last, First, Middle Initial): Scott Bradfield
Mailing Address: 1809 University Avenue
City: Waterloo State: IA Zip Code: 50701
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 31 1997
Amount of Each Receipt this Period: 250.00
Ck # 10998
Transaction ID: SA11A1.4147

B. Full Name (Last, First, Middle Initial): Scott Bradfield
Mailing Address: 1809 University Avenue
City: Waterloo State: IA Zip Code: 50701
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 370.00
Date of Receipt: 03 15 2002
Amount of Each Receipt this Period: 120.00
ck no 13154
Transaction ID: SA11A1.4478

C. Full Name (Last, First, Middle Initial): John Brown
Mailing Address: 6904 Kenwood Avenue Suite 1
City: Baltimore State: MD Zip Code: 21237
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 06 2001
Amount of Each Receipt this Period: 250.00
ck no. 4628
Transaction ID: SA11A1.4220

SUBTOTAL of Receipts This Page (optional) ..... ▶ **620.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): Lyle Chambers
Mailing Address: 1109 West Hudson
City: Nampa State: ID Zip Code: 83651
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 26 1997
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4170

B.
Full Name (Last, First, Middle Initial): John Cornelius
Mailing Address: P.O. Box 267
City: Galesville State: MD Zip Code: 20765
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 1000.00
ck no. 13457
Transaction ID: SA11A1.4215

C.
Full Name (Last, First, Middle Initial): John Graham
Mailing Address: 4620 W. Commercial Boulevard Suite 11
City: Tamarac State: FL Zip Code: 33319
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 15 1997
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4165

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): Baxter Griffith
Mailing Address: 6417 Loisdale Road, Suite 210
City: Springfield State: VA Zip Code: 22150
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 06 2001
Amount of Each Receipt this Period: 250.00
ck no. 6297
Transaction ID: SA11A1.4298

B.
Full Name (Last, First, Middle Initial): Harvey Kessler
Mailing Address: 2875 Patterson Road
City: Florissant State: MT Zip Code: 63031
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 11 14 1998
Amount of Each Receipt this Period: 500.00
Ck # 5257
Transaction ID: SA11A1.4154

C.
Full Name (Last, First, Middle Initial): Tal Leonard
Mailing Address: 422 Parkway Court
City: Fort Myers State: FL Zip Code: 33919
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 15 1997
Amount of Each Receipt this Period: 500.00
Ck # 2919
Transaction ID: SA11A1.4127

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A. Full Name (Last, First, Middle Initial): Thomas Mitchell
Mailing Address: 1801 W. Colorado Springs Avenue
City: Colorado Springs State: CO Zip Code: 80904
FEC ID number of contributing federal political committee.
Name of Employer: State farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 05 30 2002
Amount of Each Receipt this Period: 20.00
Transaction ID: SA11A1.4510

B. Full Name (Last, First, Middle Initial): Thomas Mitchell
Mailing Address: 1801 W. Colorado Springs Avenue
City: Colorado Springs State: CO Zip Code: 80904
FEC ID number of contributing federal political committee.
Name of Employer: State farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 07 03 2002
Amount of Each Receipt this Period: 20.00
Transaction ID: SA11A1.4557

C. Full Name (Last, First, Middle Initial): Thomas Mitchell
Mailing Address: 1801 W. Colorado Springs Avenue
City: Colorado Springs State: CO Zip Code: 80904
FEC ID number of contributing federal political committee.
Name of Employer: State farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 07 22 2002
Amount of Each Receipt this Period: 20.00
Transaction ID: SA11A1.4558

SUBTOTAL of Receipts This Page (optional) ..... ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A. Full Name (Last, First, Middle Initial): Thomas Mitchell
Mailing Address: 1801 W. Colorado Springs Avenue
City: Colorado Springs State: CO Zip Code: 80904
FEC ID number of contributing federal political committee.
Name of Employer: State farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 280.00
Date of Receipt: 08 20 2002
Amount of Each Receipt this Period: 20.00
Transaction ID: SA11A1.4559

B. Full Name (Last, First, Middle Initial): Thomas Mitchell
Mailing Address: 1801 W. Colorado Springs Avenue
City: Colorado Springs State: CO Zip Code: 80904
FEC ID number of contributing federal political committee.
Name of Employer: State farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 24 2002
Amount of Each Receipt this Period: 20.00
Transaction ID: SA11A1.4560

C. Full Name (Last, First, Middle Initial): Dennis O'Kane
Mailing Address: 81-01 Eliot Avenue
City: Middle Village State: NY Zip Code: 11379
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 21 1996
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4168

SUBTOTAL of Receipts This Page (optional) ..... ▶ **290.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): Edward Pierce
Mailing Address: 4212 S. Pacific Coast Highway
City: Torrance State: CA Zip Code: 90505
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 05 02 1997
Amount of Each Receipt this Period: 300.00
Ck # 3612
Transaction ID: SA11A1.4136

B.
Full Name (Last, First, Middle Initial): Donald Rambowski
Mailing Address: 7055 Engle #1 Suite 102
City: Middleburg Heights State: OH Zip Code: 44130
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 04 20 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4421

C.
Full Name (Last, First, Middle Initial): Donald Rambowski
Mailing Address: 7055 Engle #1 Suite 102
City: Middleburg Heights State: OH Zip Code: 44130
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 22 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4422

SUBTOTAL of Receipts This Page (optional) ..... ▶ **350.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): Donald Rembowski
Mailing Address: 7055 Engle #1 Suite 102
City: Middleburg Heights State: OH Zip Code: 44130
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4423

B.
Full Name (Last, First, Middle Initial): Donald Rembowski
Mailing Address: 7055 Engle #1 Suite 102
City: Middleburg Heights State: OH Zip Code: 44130
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 23 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4511

C.
Full Name (Last, First, Middle Initial): Mr. Joseph Serra
Mailing Address: 1163 E. Chestnut Avenue
City: Vineland State: NJ Zip Code: 08360-5001
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independant Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 21 1997
Amount of Each Receipt this Period: 250.00
Ck # 890
Transaction ID: SA11A1.4122

SUBTOTAL of Receipts This Page (optional) ..... ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): Mr. Joseph Serra
Mailing Address: 1163 E. Chestnut Avenue
City: Vineland State: NJ Zip Code: 08360-5001
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independant Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 24 2001
Amount of Each Receipt this Period: 250.00
ck # 5902
Transaction ID: SA11A1.4203

B.
Full Name (Last, First, Middle Initial): Richard Tuggle
Mailing Address: 217 E. 23rd Street Suite G
City: Panama City State: FL Zip Code: 32405
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 04 20 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4405

C.
Full Name (Last, First, Middle Initial): Richard Tuggle
Mailing Address: 217 E. 23rd Street Suite G
City: Panama City State: FL Zip Code: 32405
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 22 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4406

SUBTOTAL of Receipts This Page (optional) ..... ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): Richard Tuggle
Mailing Address: 217 E. 23rd Street, Suite G
City: Panama City State: FL Zip Code: 32405
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4407

B.
Full Name (Last, First, Middle Initial): Richard Tuggle
Mailing Address: 217 E. 23rd Street, Suite G
City: Panama City State: FL Zip Code: 32405
FEC ID number of contributing federal political committee.
Name of Employer: State Farm Insurance Company
Occupation: Independent Insurance Agent
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 07 23 2001
Amount of Each Receipt this Period: 25.00
Transaction ID: SA11A1.4484

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **50.00**

TOTAL This Period (last page this line number only) ..... ▶ **5520.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 15 / 23

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee
Mailing Address: 8015 Corporate Drive, Suite A
City: Baltimore State: MD Zip Code: 21236
FEC ID number of contributing federal political committee: C00376640
Name of Employer: Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00
Date of Receipt: 06 28 1996
Amount of Each Receipt this Period: 100.00
Initial start up loan
Transaction ID: SA13.4528

B.
Full Name (Last, First, Middle Initial)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee
Mailing Address: 8015 Corporate Drive, Suite A
City: Baltimore State: MD Zip Code: 21236
FEC ID number of contributing federal political committee: C00376640
Name of Employer: Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt: 07 08 1996
Amount of Each Receipt this Period: 100.00
Initial statrt up loan
Transaction ID: SA13.4527

C.
Full Name (Last, First, Middle Initial)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee
Mailing Address: 8015 Corporate Drive, Suite A
City: Baltimore State: MD Zip Code: 21236
FEC ID number of contributing federal political committee: C00376640
Name of Employer: Occupation:
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt: 10 30 1996
Amount of Each Receipt this Period: 500.00
Initial start up loan
Transaction ID: SA13.4523

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

TOTAL This Period (last page this line number only) ..... ▶ **700.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 / 23

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A. Full Name (Last, First, Middle Initial)
National Association of State Farm Agents

Mailing Address
8015 Corporate Drive Suite E

City State Zip Code
Baltimore MD 21236

FEC ID number of contributing federal political committee.

Name of Employer | Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
4100.00

Date of Receipt
M M D D Y Y Y Y
08 20 1997

Amount of Each Receipt this Period
4100.00

Return of x-fer from Connected Org.

Transaction ID: SA15.4556

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	4100.00
TOTAL This Period (last page this line number only) ..... ▶	4100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17 / 23

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial): John Sharp Campaign
Mailing Address: P.O. Box 236
City: Austin State: TX Zip Code: 78767
FEC ID number of contributing federal political committee.
Name of Employer
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 08 2002
Amount of Each Receipt this Period: 1000.00
Refund of Contribution

Transaction ID: SA16.4578

B.

C.

SUBTOTAL of Receipts This Page (optional) ▶	**1000.00**
TOTAL This Period (last page this line number only) ▶	**1000.00**

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)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.

Full Name (Last, First, Middle Initial)
National Association of State Farm Agents

Mailing Address
8015 Corporate Drive Suite E
City State Zip Code
Baltimore MD 21236

Purpose of Disbursement
Accidental x-fer to Connected Org.

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary General / Other (specify)

Date of Disbursement
07 17 1997

Amount of Each Disbursement this Period
4100.00

Transaction ID: SB21B.4555

B.

Full Name (Last, First, Middle Initial)
National Association of State Farm Agents

Mailing Address
8015 Corporate Drive Suite E
City State Zip Code
Baltimore MD 21236

Purpose of Disbursement
Reimburse for Jerry Well contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary General / Other (specify)

Date of Disbursement
06 30 1998

Amount of Each Disbursement this Period
3000.00

Transaction ID: SB21B.4570

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7100.00**

TOTAL This Period (last page this line number only) ..... ▶ **7100.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	
☒ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.
Full Name (Last, First, Middle Initial)
National Association of State Farm Agents

Mailing Address
8015 Corporate Drive Suite E
City: Baltimore State: MD Zip Code: 21236

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 03 / 1997

Amount of Each Disbursement this Period: 100.00

Transaction ID: SB26.4573

B.
Full Name (Last, First, Middle Initial)
National Association of State Farm Agents

Mailing Address
8015 Corporate Drive Suite E
City: Baltimore State: MD Zip Code: 21236

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 03 / 1997

Amount of Each Disbursement this Period: 100.00

Transaction ID: SB26.4575

C.
Full Name (Last, First, Middle Initial)
National Association of State Farm Agents

Mailing Address
8015 Corporate Drive Suite E
City: Baltimore State: MD Zip Code: 21236

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 03 / 1997

Amount of Each Disbursement this Period: 400.00

Transaction ID: SB26.4576

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

TOTAL This Period (last page this line number only) ..... ▶ **600.00**

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)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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NAME OF COMMITTEE (In Full)
National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John Sharp Campaign

Mailing Address
P.O. Box 236

City: Austin
State: TX
Zip Code: 78767

Purpose of Disbursement
Subsequently refunded to us.

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
11 / 19 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB29.454B

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**1000.00**

SCHEDULE C (FEC Form 3X)

LOANS

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

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Mailing Address

8015 Corporate Drive Suite A

City Baltimore State MD ZIP Code 21236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	100.00	0.00

TERMS

Date Incurred (M M D D Y Y Y Y)	Date Due	Interest Rate	Secured:
06 28 1996		0 % (apr)	[ ] Yes [ ] No

Transaction ID: SC/10.4528

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ..... ▶ 0.00

TOTALS This Period (last page in this line only) ..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

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

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Mailing Address
8015 Corporate Drive Suite A

City Baltimore State MD ZIP Code 21236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	100.00	0.00

TERMS

Date Incurred (M M D D Y Y Y Y)	Date Due	Interest Rate	Secured:
07 08 1996		0 % (apr)	[ ] Yes [ ] No

Transaction ID: SC/10.4527

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ..... ▶ 0.00

TOTALS This Period (last page in this line only) ..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

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

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

National Association of State Farm Agents, Inc. (NASFA) Political Action Committee

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Mailing Address
8015 Corporate Drive Suite A

City Baltimore State MD ZIP Code 21236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	400.00	100.00

TERMS

Date Incurred (M M D D Y Y Y Y)	Date Due	Interest Rate	Secured:
10 30 1996		0 % (apr)	[ ] Yes [ ] No

Transaction ID: SC/10.4523

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ..... ▶ **100.00**

TOTALS This Period (last page in this line only) ..... ▶ **100.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.