



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		<input type="text" value="173450.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="226434.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="59650.00"/>	<input type="text" value="394724.00"/>
(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="286084.00"/>	<input type="text" value="568174.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="163590.00"/>	<input type="text" value="445680.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="122494.00"/>	<input type="text" value="122494.00"/>
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).....	58550.00	391999.00
(ii) Unitemized .....	1100.00	2350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	59650.00	394349.00
(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) .....	59650.00	394349.00
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	375.00
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))..... ▶	59650.00	394724.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59650.00	394724.00

**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 .....	90.00	180.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	90.00	180.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	163500.00	445500.00
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)) ..	163590.00	445680.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	163590.00	445680.00

**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) .....	59650.00	394349.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59650.00	394349.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	90.00	180.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	90.00	180.00

**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 76
	<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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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. Victor L Anger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43149 Tall Pines Ct  
 City Ashburn State VA Zip Code 20147-6601  
 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  
 09 / 17 / 2015  
**Transaction ID : 69FE57755CF54C90AE2A**  
 Amount of Each Receipt this Period  
 1500.00

**B. John P Antonacci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 Tarbert Dr  
 City West Chester State PA Zip Code 19382-2501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp-Agency/Sales Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 09 / 14 / 2015  
**Transaction ID : A946AF29D5824A34BD0D**  
 Amount of Each Receipt this Period  
 1500.00

**C. Zach J Augustyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2648 Shannon Ln  
 City Mound State MN Zip Code 55364-1821  
 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  
 10 / 14 / 2015  
**Transaction ID : FF904CE456884A70A341**  
 Amount of Each Receipt this Period  
 250.00

<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 7 OF 76
	<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. Julie Bolton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3409 White Oak Dr  
 City Richardson State TX Zip Code 75082-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Ovp - Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2015  
**Transaction ID : 5E5DB3A90B974DBC17B**  
 Amount of Each Receipt this Period  
 2000.00

**B. Rod E Bray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19328 Briar Dr  
 City Bloomington State IL Zip Code 61705-4035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Director-Isd  
 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  
 09 / 02 / 2015  
**Transaction ID : D0E8170A30654F9FA5C7**  
 Amount of Each Receipt this Period  
 250.00

**C. Katinka M Bryson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4909 N 45th Pl  
 City Phoenix State AZ Zip Code 85018-2802  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : 9C3B1F2EAD494E53B231**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4750.00
<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 76
	<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. Marcia L Charton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 E Shore Rd  
 City Monroe State LA Zip Code 71203-8858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 1FE40ADB83064585BD93**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Mark H Cockerham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7930 Oakbrook Dr  
 City Baton Rouge State LA Zip Code 70810-1808  
 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  
 09 / 17 / 2015  
**Transaction ID : ABF88D1BDB784E1693A1**  
 Amount of Each Receipt this Period  
 1500.00  
 Aggregate Year-to-Date ▼  
 1500.00

**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)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : 15428CC8EF7A479CA147**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Fred G Dannels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 598 Carriage Ln  
 City York State PA Zip Code 17406-8122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : 83FF4522C8DB46FD9FF1**  
 Amount of Each Receipt this Period  
 250.00

**B. Tyler G Deneault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9946 Tanglevine Dr  
 City Dallas State TX Zip Code 75238-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : 0E75CDDC705541E7ACD7**  
 Amount of Each Receipt this Period  
 250.00

**C. Julie A Doak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14408 Academy View Ct  
 City Louisville State KY Zip Code 40245-4997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : C1F32AEC88354DE88BCC**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Sara Donahue**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 Kilborn Ct

City Bloomington State IL Zip Code 61704-7001

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

Name of Employer State Farm Occupation Avp - Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : F357BDB1255A48039FDD**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 2807 Stevenson Dr

City Bloomington State IL Zip Code 61704-9115

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015

**Transaction ID : 3B1A1B22883B426EADF0**

Amount of Each Receipt this Period  
1000.00

**C. Paul N Eckley**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 William Dr

City Normal State IL Zip Code 61761-1851

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

Name of Employer State Farm Occupation SR Vp - Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : 535E8AB727CC427F99DD**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7250.00

**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 11 OF 76
	<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. Joe W Eshleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1964 Lochmore Dr

City Longmont State CO Zip Code 80504-2365

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

Name of Employer State Farm Occupation Sales Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : 0B2F4C8AABBB4C09B219**

Amount of Each Receipt this Period  
 250.00

**B. Richard Fatzynytz**  
Full Name (Last, First, Middle Initial)

Mailing Address 16021 Inverrary Ln

City Bloomington State IL Zip Code 61705-5583

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

Name of Employer State Farm Occupation Director - Ent Chg Mgmt

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  
 09 / 01 / 2015

**Transaction ID : 54BF1F5AAE2F4135A04E**

Amount of Each Receipt this Period  
 250.00

**c. Jim L Feldkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Auburn Rd

City Bloomington State IL Zip Code 61704-8582

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

Name of Employer State Farm Occupation Director

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  
 09 / 04 / 2015

**Transaction ID : E807E91756804441B7DA**

Amount of Each Receipt this Period  
 300.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Jim R Gottsacker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13646 Fawn Dr  
 City Bloomington State IL Zip Code 61705-7830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vice President & Ciso  
 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  
 09 / 22 / 2015  
**Transaction ID : BA0B3AB8E8B64F54BB42**  
 Amount of Each Receipt this Period  
 1000.00

**B. Laura Haas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24207 Ron Smith Memorial Hwy  
 City Hudson State IL Zip Code 61748-7620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Avp - Enterprise Ss&P  
 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  
 11 / 06 / 2015  
**Transaction ID : E998CFFDBBAB408CB71A**  
 Amount of Each Receipt this Period  
 1000.00

**C. Rand H Harbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Sunset Rd  
 City Bloomington State IL Zip Code 61701-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Evp Chf Agy Sales Mktg Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : AD3BC33CE45F46F5985B**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<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 76
	<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. Vic V Harper**  
Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ironwood Cc Dr

City Normal State IL Zip Code 61761-5223

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

Name of Employer State Farm Occupation Finance Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 3A1ADE241113478F9066**

Amount of Each Receipt this Period  
 400.00

**B. Andrew B Harrod**  
Full Name (Last, First, Middle Initial)

Mailing Address 6780 Merrick Dr

City Troy State MI Zip Code 48098-1737

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

Name of Employer State Farm Occupation Sales Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 525CF06571FD40FD9614**

Amount of Each Receipt this Period  
 250.00

**C. Leonard L Kaigler**  
Full Name (Last, First, Middle Initial)

Mailing Address 27612 Manor Hill Rd

City Laguna Niguel State CA Zip Code 92677-6045

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  
 09 / 18 / 2015  
**Transaction ID : BA8E5A2ED4D24C96A2C8**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2150.00

**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 14 OF 76
	<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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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. Luke D Kasten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Hoggards Rdg  
 City Little Rock State AR Zip Code 72211-3795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : EE5CF6CBCE574C08A80E**  
 Amount of Each Receipt this Period  
 250.00

**B. Christie S Kennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 El Camino Dr  
 City Corte Madera State CA Zip Code 94925-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : 0DC6F1A10E3E4D3CBE99**  
 Amount of Each Receipt this Period  
 500.00

**C. Phyllis D Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9112 Wilshire Ct NE  
 City Albuquerque State NM Zip Code 87122-3050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : A33EC6B72626446E9EA7**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 76
	<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. Stephen L Kindred**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2004 N Towanda Barnes Rd  
 City Bloomington State IL Zip Code 61705-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Avp - Hr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : 6D5BF91226E3423DA70A**  
 Amount of Each Receipt this Period  
 1250.00

**B. Kevin J Leahy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2816 Powell Dr  
 City Bloomington State IL Zip Code 61704-4716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Leadership Enterprise Dev Assc  
 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  
 08 / 31 / 2015  
**Transaction ID : 07DEE829533E4783A755**  
 Amount of Each Receipt this Period  
 250.00

**C. Alissa G Locke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9627 Woodland Rd  
 City New Market State MD Zip Code 21774-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 7CC2483C51DC49D99A41**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 76
	<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. Kurt L Mamon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Hidden Pond Way  
 City West Chester State PA Zip Code 19382-7145  
 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 08 / 04 / 2015  
**Transaction ID : 9F0868C8B7BB47409D01**  
 Amount of Each Receipt this Period 1500.00

**B. Randy Mattia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 Blue Spruce Ct  
 City Normal State IL Zip Code 61761-5643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Director-Isd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : CEC7BD4A0E73415FBFB2**  
 Amount of Each Receipt this Period 250.00

**C. Brian E Maxwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2202 Riverwoods Ln  
 City Bloomington State IL Zip Code 61705-8758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Avp - Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2015  
**Transaction ID : B07C6AC90366498F8A8D**  
 Amount of Each Receipt this Period 1000.00

<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 17 OF 76
	<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	<input type="checkbox"/> 17

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

**A. Kevin A McKinney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8652 Mossford Dr  
 City Huntington Beach State CA Zip Code 92646-3947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : 2F6A80BC52F742269EEF**  
 Amount of Each Receipt this Period  
 500.00

**B. Geralyn G McQuary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4327 Pretoria Run  
 City Murfreesboro State TN Zip Code 37128-4267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Adc Director  
 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  
 09 / 04 / 2015  
**Transaction ID : 3BA091CE0E36492E875E**  
 Amount of Each Receipt this Period  
 1000.00

**C. Jane Wright Miner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Pheasant Xing  
 City Glastonbury State CT Zip Code 06033-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Agency Administration Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 3CECD3FDC66B4C468FDD**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<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**

Full Name (Last, First, Middle Initial)  
**A. Craig P Nadziejka**

Mailing Address 220 Dorris Ct

City Hudson Oaks State TX Zip Code 76087-8855

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

Name of Employer State Farm Occupation Ovp - Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : AD07C1528A0144AD9ABC**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. Paul M Odland**

Mailing Address 10101 San Remo Pl

City Wake Forest State NC Zip Code 27587-1622

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

Name of Employer State Farm Occupation Sales Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : A3623B3CF33549039A88**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Joe I Quiroga**

Mailing Address 132 E Huisache Ave

City San Antonio State TX Zip Code 78212-2939

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

Name of Employer State Farm Occupation Sales Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 1589347395854036A46A**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<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. 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 M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 9445E3FC931B4E3F940C**

Amount of Each Receipt this Period  
 2500.00

**B. Matt L Reynolds**  
Full Name (Last, First, Middle Initial)

Mailing Address 8705 Grand Haven Ln

City McKinney State TX Zip Code 75071-5950

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

Name of Employer State Farm Occupation Mutual Funds Director

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  
 09 / 02 / 2015  
**Transaction ID : 2C7E835FDF354EB4B9A0**

Amount of Each Receipt this Period  
 250.00

**C. Ryan J Reynolds**  
Full Name (Last, First, Middle Initial)

Mailing Address 5307 County Road 7550

City Lubbock State TX Zip Code 79424-6579

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

Name of Employer State Farm Occupation Sales Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : 927E015B5B2F4BF7A17B**

Amount of Each Receipt this Period  
 500.00

<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 20 OF 76
	<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. Lonnie G Rush**  
Full Name (Last, First, Middle Initial)

Mailing Address 2305 Buttercup Dr

City Richardson	State TX	Zip Code 75082-2339
--------------------	-------------	------------------------

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

Name of Employer State Farm	Occupation Sales Leader
--------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : 6122E25ED84943F1BEFF**

Amount of Each Receipt this Period  
250.00

**B. Christina M Sanchez**  
Full Name (Last, First, Middle Initial)

Mailing Address 636 Teredo Dr

City Redwood City	State CA	Zip Code 94065-1116
----------------------	-------------	------------------------

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

Name of Employer State Farm	Occupation Sales Leader
--------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

**Transaction ID : BD92E74E1F484E849733**

Amount of Each Receipt this Period  
250.00

**C. Joy L Schreder**  
Full Name (Last, First, Middle Initial)

Mailing Address 1630 Locust Hills Pl

City Wayzata	State MN	Zip Code 55391-1972
-----------------	-------------	------------------------

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

Name of Employer State Farm	Occupation Area Vice President
--------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

**Transaction ID : 1A01EAF1F7E548D793C2**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 76
	<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. Suzanne L Shambrook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4055 N Recker Rd  
 Unit 71  
 City Mesa State AZ Zip Code 85215-7795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Vp-Agency/Sales Administration  
 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  
 09 / 14 / 2015  
**Transaction ID : DE121DCE8D9C4D68ABB3**  
 Amount of Each Receipt this Period  
 1500.00

**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 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  
 09 / 09 / 2015  
**Transaction ID : 17F326D2069D4A5EB2F0**  
 Amount of Each Receipt this Period  
 1500.00

**C. Chris M Stoffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3010 Wisteria Ln  
 City Bloomington State IL Zip Code 61704-2768  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : EBB45DEAE39D425C8022**  
 Amount of Each Receipt this Period  
 1000.00

<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 22 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Jamison S Temples**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Moonraker Ct  
City Chapin State SC Zip Code 29036-6129  
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  
08 / 31 / 2015  
**Transaction ID : FEC3DB7CDB074C0D9253**  
Amount of Each Receipt this Period  
250.00

**B. Shyama N Terry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 Smokey Ct  
City Bloomington State IL Zip Code 61704-2706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Farm Occupation Ovp - Claims  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 9D131002B21E4B088C9F**  
Amount of Each Receipt this Period  
2500.00

**C. Victor A Terry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6008 Southwind Ln  
City McKinney State TX Zip Code 75070-4871  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State Farm Occupation Area Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
10 / 12 / 2015  
**Transaction ID : DBAE819A42DF43F7993B**  
Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<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 23 OF 76
	<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. Natalie J Tusing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4605 Hornbeam Dr  
 City Rockville State MD Zip Code 20853-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : C54D3FD44DAF4DA587B0**  
 Amount of Each Receipt this Period  
 250.00

**B. Cindy M Vasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 803 S Marengo Ave Apt C  
 City Pasadena State CA Zip Code 91106-4705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : B900BCB3970D4775A3DA**  
 Amount of Each Receipt this Period  
 500.00

**C. Steve C Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Greythorne Cir  
 City Bloomington State IL Zip Code 61704-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Farm Occupation Avp - Learning & 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  
 08 / 27 / 2015  
**Transaction ID : CB462040B9C1410ABC96**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**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 M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : CBD71A8A270246A1A5D6**

Amount of Each Receipt this Period  
 1500.00

**B. Amanda J Watkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 1838 Dorman Ave NE

City Brookhaven State GA Zip Code 30319-3659

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

Name of Employer State Farm Occupation Sales Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 4E4FE50BD5684F7F9BDC**

Amount of Each Receipt this Period  
 500.00

**C. Les M Willis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2008 Longwood Ln

City Bloomington State IL Zip Code 61704-8348

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

Name of Employer State Farm Occupation Avp - P&C Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 3C36F2A8248E451DAA11**

Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<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: PAGE 25 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Larry Ziegler**

Mailing Address 3308 Monterey Rd

City State Zip Code  
 Bloomington IL 61704-2920

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

Name of Employer Occupation  
 State Farm Bank Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 09 / 2015  
**Transaction ID : A7F3BCCC4A864A509005**

Amount of Each Receipt this Period  
 250.00

**B.** 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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	58550.00

**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. Adrian Smith for Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
2016 Primary

Candidate Name

**Adrian Michael Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2015

**Transaction ID : 160BA9A0A6A37FE5554**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City State Zip Code  
Lexington KY 40588

Purpose of Disbursement  
2016 Primary

Candidate Name

**Garland Hale Barr IV**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : 9914B2820BAAE3DBBD6**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City State Zip Code  
Lexington KY 40588

Purpose of Disbursement  
2016 Primary

Candidate Name

**Garland Hale Barr IV**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

**Transaction ID : F22519BEA1C0BCD4674**

Amount of Each Disbursement this Period

1000.00

**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"/> 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. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ann Louise Wagner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2015

**Transaction ID : 12B543B7082B01672B6**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Becerra for Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2015

**Transaction ID : B3B336D39904AF0C7FD**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Ben Cardin for Senate, Inc.**

Mailing Address PO Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Benjamin L. Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2015

**Transaction ID : 683B299287BA0ACBCF9**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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. Bennet for Colorado**

Mailing Address PO Box 3078

City: Denver State: CO Zip Code: 80201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael F. Bennet**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : 39DDF54B1C3F94F4AED**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Bill Foster for Congress**

Mailing Address PO Box 9104

City: Aurora State: IL Zip Code: 60598

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Bill Foster**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : 08DF1FDF2D6F90E17878**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bill Foster for Congress**

Mailing Address PO Box 9104

City: Aurora State: IL Zip Code: 60598

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Bill Foster**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : 0B6710A6DC9D9E3F358**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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. Bill Shuster for Congress**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**William F. Shuster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2015

**Transaction ID : 277880EE7021CBDC4AF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Blaine for Congress**

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**W. Blaine Luetkemeyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2015

**Transaction ID : EDF03DF817A49387318**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Blaine for Congress**

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**W. Blaine Luetkemeyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

**Transaction ID : BDDFE7239B240553B50**

Amount of Each Disbursement this Period

500.00

**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. Blumenauer for Congress

Mailing Address 901 SE Oak Street  
Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Earl Francis Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : 6AF3C0F763332BE1916

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. Blumenthal for Connecticut

Mailing Address 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard Blumenthal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2015			

Transaction ID : 23FBFCA9189A1383880

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. Boozman for Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Nichols Boozman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : 76CBCB0492E58B0C686

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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. Brad Ashford for Congress**

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Brad Ashford**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

Transaction ID : 0B80DD4D6A6AD66DAD7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brenda Lawrence for Congress**

Mailing Address PO Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Brenda L. Lawrence**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

Transaction ID : 0E0319CC637A481226E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Butterfield for Congress**

Mailing Address 434 Fayetteville Street  
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**G. K. Butterfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2015

Transaction ID : 9CCF0E31295BED2036F

Amount of Each Disbursement this Period

1500.00

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

3500.00

**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. Capuano for Congress Committee**

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Michael Everett Capuano**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : 93CC202AA4F332657A3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Carlos Curbelo Congress**

Mailing Address 8724 SW 72nd St

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Carlos Luis Curbelo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : 8C56EF9CE44CFA2D6C8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Castor for Congress**

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Katherine Anne Castor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : 213AF1E4CB3E54B705B**

Amount of Each Disbursement this Period

1000.00

**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. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : 71C3B4CDADC15DB98AC**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2015

**Transaction ID : 9E2F77746C106D5A7DD**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Cochran**

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement  
2020 Primary

011  
Category/  
Type

Candidate Name

**William Thad Cochran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

**Transaction ID : B63007DCF0084697DDF**

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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. Citizens for Waters**

Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Maxine Waters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2015

**Transaction ID : 71E07EEAE166037846E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Clay Jr. for Congress**

Mailing Address PO Box 4544

City St. Louis State MO Zip Code 63108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**William Lacy Clay Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2015

**Transaction ID : 00905411D0EC8368DFF**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Cleaver for Congress**

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Emanuel Cleaver II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

**Transaction ID : 637AB8018CD5298C383**

Amount of Each Disbursement this Period

1500.00

**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. Cole for Congress

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Jeffery Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

Transaction ID : 6F648F21028BB991F29

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. Cole for Congress

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Jeffery Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2015

Transaction ID : 57D096D4DB4A38A6AF1

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

### C. Cole for Congress

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Jeffery Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		08		2015

Transaction ID : 12D1FEF676555A48912

Amount of Each Disbursement this Period

1000.00
---------

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

1000.00
---------

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

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**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. Collins for Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Susan Margaret Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

Transaction ID : 62E64867EA835EA5A41

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cory Gardner for Senate**

Mailing Address 9227 E Lincoln Ave #200-234

City Lone Tree State CO Zip Code 80124-5506

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : 697EAB36F16E36367C1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

Transaction ID : A60323D2681191603C6

Amount of Each Disbursement this Period

1000.00

**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. Deb Fischer for US Senate Inc**

Mailing Address 5555 South St

City Lincoln State NE Zip Code 68506

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Debra Fischer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

**Transaction ID : E6700B364C4D7128F90**

Amount of Each Disbursement this Period

1000.00

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

011

Candidate Name

**Dennis Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : E3943F3FB3738F3A475**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robert James Dold Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : F151598379EF4436B43**

Amount of Each Disbursement this Period

1000.00

**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. Donnelly for Indiana**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Joseph Simon Donnelly Sr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	02	/	2015

**Transaction ID : 31EA11D4A1032E33945**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sean Patrick Duffy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	24	/	2015

**Transaction ID : 91C471C0BC398AEEA45**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Duncan for Congress**

Mailing Address PO Box 2646

City Knoxville State TN Zip Code 37901

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John James Duncan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	21	/	2015

**Transaction ID : 3008735B14E6D051589**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends for Gregory Meeks**

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code  
Jamaica NY 11432

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Gregory Weldon Meeks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

/  /

**Transaction ID : 5021EA95CF9EA82576D**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Bennie Thompson**

Mailing Address PO Box 100

City State Zip Code  
Bolton MS 39041

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Bennie G. Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MS District: 02

Date of Disbursement

/  /

**Transaction ID : 5BE48E64A35B1DABB9F**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of Cheri Bustos**

Mailing Address 1050 17th St NW Ste 590

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Cheryl L. Bustos**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

/  /

**Transaction ID : 3F3786B0E258AF004C4**

Amount of Each Disbursement this Period

**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 Dan Kildee**

Mailing Address PO Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Daniel Timothy Kildee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**Transaction ID : 96AD372586F0AF25EF9**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Dennis Ross**

Mailing Address Post Office Box

City Lakeland State FL Zip Code 33807

Purpose of Disbursement  
2016 General

011

Candidate Name

**Dennis Alan Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

**Transaction ID : BF20CD297289717FBAB**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Dennis Ross**

Mailing Address Post Office Box

City Lakeland State FL Zip Code 33807

Purpose of Disbursement  
2016 General

011

Candidate Name

**Dennis Alan Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**Transaction ID : FF9B29BBC69330F7E82**

Amount of Each Disbursement this Period

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

2500.00
---------

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

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**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 Dennis Ross**

Mailing Address Post Office Box

City State Zip Code  
Lakeland FL 33807

Purpose of Disbursement  
2016 General

011

Candidate Name

**Dennis Alan Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : 2D675C8833DB99EDD6A**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Jason Chaffetz**

Mailing Address 315 Westfield Circle

City State Zip Code  
Alpine UT 84004

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Jason E. Chaffetz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: UT District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2015

**Transaction ID : A43A404F224144C2C42**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City State Zip Code  
Dallas TX 75382-0504

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Jeb Hensarling**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 245349CFDECC6909250**

Amount of Each Disbursement this Period

2500.00

**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. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382-0504

Purpose of Disbursement  
2016 General

011

Candidate Name

**Thomas Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : F987808FA5A9172C1C0

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte Inc**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
2016 General

011

Candidate Name

**Kelly Ann Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : AC4CDFBD19EB9603777

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Kelly Ayotte Inc**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
2016 General

011

Candidate Name

**Kelly Ann Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : 9D691B57C9B2E850423

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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 Mazie Hirono**

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Mazie Keiko Hirono**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2015

**Transaction ID : 61067BA843CB7D9518E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2015

**Transaction ID : 9FC1955D969CEA1419E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : E94CF5AF5C83EF2FF51**

Amount of Each Disbursement this Period

1000.00

**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. Friends of Mike Lee Inc**

Mailing Address 10 West Broadway  
Suite 500

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Shumway Lee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

**Transaction ID : 9A3ABAE9EF86364444D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
2016 General

011

Candidate Name

**Patrick Joseph Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : 25E083DAE15E9F816C9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Roy Blunt**

Mailing Address PO Box 10178

City State Zip Code  
Columbia MO 65205-4002

Purpose of Disbursement  
2016 General

011

Candidate Name

**Roy Dean Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

**Transaction ID : 1C401E7A1D7B5DB2E72**

Amount of Each Disbursement this Period

1000.00

**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. Friends of Sam Johnson**

Mailing Address PO Box 860096

City State Zip Code  
Plano TX 75086

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Samuel Robert Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : AC083378443AF044668**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gallego for Arizona**

Mailing Address PO Box 1710

City State Zip Code  
Phoenix AZ 85001

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ruben M. Gallego**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 07

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

**Transaction ID : DD8298284C1755328A7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Georgians for Isakson**

Mailing Address Post Office Box 250116

City State Zip Code  
Atlanta GA 30325

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Johnny H. Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : 81689AF3725BCB822A4**

Amount of Each Disbursement this Period

1000.00

**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. Hal Rogers for Congress**

Mailing Address PO Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Harold D. Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2015

**Transaction ID : 59B278E97965FF29A89**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Hal Rogers for Congress**

Mailing Address PO Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Harold D. Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

**Transaction ID : EDF88D21C88549AE525**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
2016 Convention

011

Category/  
Type

Candidate Name

**James Andrew Himes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

**Transaction ID : 00F7C898079AF823B4D**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**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. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
2016 General

011

Candidate Name

**James Andrew Himes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

**Transaction ID : 8010676EC74B4041F69**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
2016 General

011

Candidate Name

**James Andrew Himes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**Transaction ID : 0BEB686BA911CE1538C**

Amount of Each Disbursement this Period

500.00
--------

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 Primary

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
12			30			2015			

**Transaction ID : B089A54B0DA7FFDB46D**

Amount of Each Disbursement this Period

1000.00
---------

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

2500.00
---------

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

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**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. Huizenga for Congress**

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464-1509

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William Patrick Huizenga**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2015

**Transaction ID : D581D6FCC899FCCD4D7**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jeff Flake for US Senate Inc**

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284-0042

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Jeffrey Lane Flake**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : CC480B0C6F527801A95**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 9AD1E00510255B15743**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**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. John Lewis for Congress**

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John Robert Lewis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

**Transaction ID : 4333349DCBF457807FC**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Kenny Marchant for Congress**

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011-0187

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Kenny Ewell Marchant**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	5

**Transaction ID : 1C9947466F787E66F74**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ronald James Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

**Transaction ID : 5CEF476237C8E969A62**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	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. Kind for Congress Committee**

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ronald James Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2015

**Transaction ID : 3E492FF614166DCA32D**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Adam Daniel Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2015

**Transaction ID : CDDF5632AACCF24E99F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. 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

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2015

**Transaction ID : 1DD40012442B4551763**

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : D866D46C195B07A1954**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

**Transaction ID : 10A0439B8FC56C39C2E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : 51A28F1FB5B22121FF7**

Amount of Each Disbursement this Period

1000.00

**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. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2016 General

011

Candidate Name

**Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : 8C3B2FC57B73079A39F**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. LaHood for Congress**

Mailing Address PO Box 10735

City State Zip Code  
Peoria IL 61612

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Darin M. LaHood**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

**Transaction ID : A8D1484A49538C2FADE**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. LaHood for Congress**

Mailing Address PO Box 10735

City State Zip Code  
Peoria IL 61612

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Darin M. LaHood**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : 4EC4B54F49BF6D5D55E**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**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. Mark Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Mark Pocan**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2015

**Transaction ID : C3F416652478C1700FD**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mark Takano for Congress**

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Mark Allan Takano**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 41

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2015

**Transaction ID : 161A8167FCE17FD68C1**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. McHenry for Congress**

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : BEEDBD4C4DA5A9FD401**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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. McHenry for Congress**

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2015

**Transaction ID : B248904834998295677**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. McHenry for Congress**

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : 524448E55FCD58EE452**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mike Bost for Congress Committee**

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael J. Bost**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : 783D15A05E605E2EC40**

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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. Mike Bost for Congress Committee**

Mailing Address PO Box 1212

City State Zip Code  
Murphysboro IL 62966

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael J. Bost**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 8CF1C5AC863E63FBE51**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael C. Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

**Transaction ID : 4E447886EA56E76F905**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Montanans for Tester**

Mailing Address PO Box 1135

City State Zip Code  
Helena MT 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

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

**Transaction ID : 78B5C0BB5CEC8A1C083**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	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. Montanans for Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name  
**Jon Tester**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	5

Transaction ID : A393C96DBB1DD86FEEA

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

Category/  
Type

Candidate Name  
**Jerry W. Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 7C33A9D4BFBA2270B01

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Mulvaney for Congress**

Mailing Address PO Box 1975

City Lancaster State SC Zip Code 29721

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name  
**John Michael Mulvaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : 27AE35473EECBF0FCDE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	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. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

**Transaction ID : CF7FF2F1F1808381D50**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Derek Kilmer**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2015

**Transaction ID : 059FC1BF3F3FEDE54A0**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 General

011

Candidate Name

**Derek Kilmer**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

**Transaction ID : 09F81489A1A0AE8A9AE**

Amount of Each Disbursement this Period

1500.00

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

3500.00

**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. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

**Transaction ID : D36534990BD1EC9623D**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

**Transaction ID : EBD5550486241FB7AB8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Patricia Lynn Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2015

**Transaction ID : 2C2111A7D7044210B75**

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. People for Patty Murray

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patricia Lynn Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Transaction ID : 1EDB943E951EEBD6827

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B. People for Patty Murray

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
2016 General

011

Candidate Name

**Patricia Lynn Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Transaction ID : D1A234E098F8AD1E9A5

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### C. Perdue for Senate

Mailing Address 3110 Maple Drive NE  
Suite 400

City State Zip Code  
Atlanta GA 30305-2650

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**David Alfred Perdue Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

Transaction ID : 618C61F49BEE1A9753F

Amount of Each Disbursement this Period

1000.00
---------

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

2000.00
---------

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

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**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. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Edwin George Perlmutter**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2015

**Transaction ID : A0B579B3DF39172FDA8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Edwin George Perlmutter**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : 9DCC84C306218910DE5**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Edwin George Perlmutter**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2015

**Transaction ID : 3BDAA74AD292FB48252**

Amount of Each Disbursement this Period

1000.00

**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. Pete King for Congress Committee**

Mailing Address PO Box 1428

City Seaford State NY Zip Code 11783-0257

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Peter T. King**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

/  /

**Transaction ID : 81EF84608C12EF1A464**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Pete King for Congress Committee**

Mailing Address PO Box 1428

City Seaford State NY Zip Code 11783-0257

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Peter T. King**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

/  /

**Transaction ID : F48487EC7A4EBF8457F**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Poliquin for Congress**

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Bruce Lee Poliquin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

/  /

**Transaction ID : 62C2A95B38EA70145D6**

Amount of Each Disbursement this Period

**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. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rob J. Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2015

**Transaction ID : 498389E567AA0C431FD**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rob J. Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : 86D2780E413CB8557D3**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Rob J. Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 313957037ED7C8361AC**

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

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

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# 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. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Rob J. Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	5

Transaction ID : 5ACEE6272EAD4DC41F9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### B. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Thomas E. Price M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Transaction ID : 3FE692155315C8E4A3C

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### C. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Thomas E. Price M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : 21EBFEF17149B663CB9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	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. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas E. Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**Transaction ID : 14A64988EF895B07970**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Randy Hultgren for Congress**

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174-0717

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Randall Mark Hultgren**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			23			2015			

**Transaction ID : 157B151A5E113E9CC4B**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard Edmund Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**Transaction ID : 1163358124027BB8A76**

Amount of Each Disbursement this Period

1000.00
---------

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

3500.00
---------

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

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**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. Rob Woodall for Congress**

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Robert Woodall**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : DBB84B59F966C2CE0D0**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Rob Woodall for Congress**

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Robert Woodall**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : A1BC9CA19B975FECBCD**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Robert Hurt for Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531-0008

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Robert Hurt**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8978303B023C5C3DB00**

Amount of Each Disbursement this Period

**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. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2016 General

011

Candidate Name

**Rodney Lee Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

**Transaction ID : F4949617CA9D52FDB0C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ron Johnson for Senate Inc**

Mailing Address 219 E Washington Ave  
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ronald H. Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

**Transaction ID : AA0A977E91B8B0CC6AD**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Peter James Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

**Transaction ID : 89F29FB05DABB8EF1E4**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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. Rothfus for Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Keith James Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : 5EF30CDB6F0ECDA0FC5**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rothfus for Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Keith James Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : 79347721860A7C68035**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ruben Hinojosa for Congress**

Mailing Address 10125 N. 10th Street, Suite E

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ruben Eloy Hinojosa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : 652C220A6CFDF6AA7DC**

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City State Zip Code  
Janesville WI 53547-1488

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Paul Davis Ryan Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

/  /

**Transaction ID : 11249A3DCADEF002932**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Scalise for Congress**

Mailing Address PO Box 23219

City State Zip Code  
Jefferson LA 70183-3219

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Stephen Joseph Scalise**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

/  /

**Transaction ID : AA96EB59D984B8686DA**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Scott Garrett for Congress**

Mailing Address PO Box 905

City State Zip Code  
Newton NJ 07860

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Scott Garrett**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

/  /

**Transaction ID : D784C94CC9FB87FAA0D**

Amount of Each Disbursement this Period

**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. Sean Patrick Maloney for Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sean Patrick Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2015			

Transaction ID : F0DCD17182EB4194D5A

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Steve Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stephen Lee Fincher**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Transaction ID : AEF30CE038A96D91AEF

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Steve Israel for Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Steven Jay Israel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : A5873B33C38E0F325B7

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

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

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**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. Terri Sewell for Congress**

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Terri Andrea Sewell**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2015

**Transaction ID : A04CEE854B2BDD309A2**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Terri Sewell for Congress**

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Terri Andrea Sewell**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2015

**Transaction ID : 6F96C13E101A1F3F6AF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Texans for Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement  
2020 Primary

011

Category/  
Type

Candidate Name

**John Cornyn III**

Office Sought:  House  
 Senate  
 President  
State: TX District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2015

**Transaction ID : EBF142BE25193C56F1**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. The Reed Committee**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Jack Francis Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : 577E42DFC61A879A895**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Tim Scott for Senate**

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Timothy Eugene Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

**Transaction ID : 21D6CDB0256726E805E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Vargas for Congress**

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement  
2016 General

011

Candidate Name

**Juan Carlos Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

**Transaction ID : 40AA52EE0B28DC8D7D6**

Amount of Each Disbursement this Period

500.00

**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. Vargas for Congress**

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Juan Carlos Vargas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : D96CD85417792BF01EF

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. 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	/	D	D	/	Y	Y	Y	Y
09			23			2015			

Transaction ID : FFEB875B876C43790E

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. 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	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : 200A607149C34365583

Amount of Each Disbursement this Period

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

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

Transaction ID : **EB7B737380A78FC7891**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. VoteTipton.Com**

Mailing Address PO Box 1582

City Cortez State CO Zip Code 81321-1582

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Scott Randall Tipton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

Transaction ID : **FDAAA93CC9D93580C16**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. VoteTipton.Com**

Mailing Address PO Box 1582

City Cortez State CO Zip Code 81321-1582

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Scott Randall Tipton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : **0D9524FBF0B67815780**

Amount of Each Disbursement this Period

2500.00
---------

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

4000.00
---------

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

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**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. Westmoreland for Congress**

Mailing Address PO Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Lynn A. Westmoreland**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : BAE43B66A5B6B1ADC58**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Westmoreland for Congress**

Mailing Address PO Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Lynn A. Westmoreland**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : 69B4A9A4E502A33A0C6**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1500.00

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

163500.00