

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

ADDRESS (number and street) One State Farm Plaza c/o Justin Tipsord, Treasurer, D2 Bloomington IL 61710-0001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00544817 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2024 through 02 / 29 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Tipsord, Justin, , ,

Signature of Treasurer Tipsord, Justin, , , Date 03 / 18 / 2024

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="657493.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="625776.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36164.67"/>	<input type="text" value="75947.66"/>
(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="661940.68"/>	<input type="text" value="733440.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67950.00"/>	<input type="text" value="139450.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="593990.68"/>	<input type="text" value="593990.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 02 / 01 / 2024 To: 02 / 29 / 2024

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).....	7384.95	14576.56
(ii) Unitemized	28779.72	61371.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	36164.67	75947.66
(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)	36164.67	75947.66
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	36164.67	75947.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36164.67	75947.66

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55250.00	112750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	12700.00	26700.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67950.00	139450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67950.00	139450.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	36164.67	75947.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36164.67	75947.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Alvarez, Carmelo, , ,

Mailing Address 9106 Juneau Ave

City Lubbock State TX Zip Code 79424-7857

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2024

Transaction ID : 9340BDA1-57FA-4DC5-

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 9106 Juneau Ave

City Lubbock State TX Zip Code 79424-7857

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2024

Transaction ID : 4A019589396B17EA0710

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address PO Box 3240

City Shelton State WA Zip Code 98584-4418

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.32

Date of Receipt
MM / DD / YYYY
02 / 09 / 2024

Transaction ID : 45D9BB13356BDA5113C8

Amount of Each Receipt this Period
166.66

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 766.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Brunson-Wheeler, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Watersound Way
 City Bloomington State IL Zip Code 61705-7141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 04 / 2024**
Transaction ID : 474382DA340BF5C548B2
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Butler, King, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Ascott Valley Dr
 City Johns Creek State GA Zip Code 30097-5923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vpo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2024**
Transaction ID : 40938E5EEDE5F9F3DB20
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Cashman, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3616 119th Street Ct NW
 City Gig Harbor State WA Zip Code 98332-9284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 16 / 2024**
Transaction ID : 4D7D8E8ACC2E9E0C5534
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cashman, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7610 Pioneer Way
 Ste 201

City Gig Harbor State WA Zip Code 98335-1137

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2024
Transaction ID : 202402221198-318

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 1215 H St

City Alexandria State VA Zip Code 22307-1434

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

Name of Employer (for Individual) State Farm Occupation (for Individual) Associate General Counsel

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
 02 / 07 / 2024
Transaction ID : 476E85CBAE250D277B32

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 186 Dogwood Dr

City Hershey State PA Zip Code 17033-2615

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2024
Transaction ID : 4DB19537842D45654ACB

Amount of Each Receipt this Period
 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 9 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dorsett, Rayman, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2324 Lakeshore Ave
 Apt 5
 City Oakland State CA Zip Code 94606-1079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Vp-Agency/Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024
Transaction ID : 4530843CA00EF7AA87F1
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Fletcher, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 State St
 Ste 1000
 City Richardson State TX Zip Code 75082-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Enterprise Technology Exec
 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
 02 / 09 / 2024
Transaction ID : 2024021310377-7
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Folmar, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 118
 City Drifting State PA Zip Code 16834-0118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2024
Transaction ID : 49B885AA2A0EE17F9920
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

A. Fowler, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 2nd Ave
 City Gallipolis State OH Zip Code 45631-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 02 / 29 / 2024
Transaction ID : 202402221198-173
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Gelbrich, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2650 Dalke Ridge Dr NW
 City Salem State OR Zip Code 97304-4836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 02 / 09 / 2024
Transaction ID : 4338A4C76195AC10E3F6
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Hagemann, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7420 SW Garden Home Rd
 City Portland State OR Zip Code 97223-9599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 02 / 29 / 2024
Transaction ID : 202402221198-210
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hanway, Ed, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 Brick House Farm Ln
 City Newtown Sq State PA Zip Code 19073-2780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 09 / 2024**
Transaction ID : 4B23A21D5EF02A0A4225
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Herbert, Wensley J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Wakefield Ln
 City Bloomington State IL Zip Code 61704-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 14 / 2024**
Transaction ID : 4AF98AC5F24C6A718926
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Husband, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13429 Dumbarton St
 City Carmel State IN Zip Code 46032-7323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 18 / 2024**
Transaction ID : 4B66BC079D12F7B342FE
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jones, Katie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16935 Dundalk Ln
 City Northville State MI Zip Code 48168-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 04 / 2024**
Transaction ID : 4BB980112BDEFB0C9F34
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Keicher, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 07 / 2024**
Transaction ID : 4B9ABB206F929EF2B21C
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kelly, Katie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3201 Alaska Rd
 City Brier State WA Zip Code 98036-8433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 25 / 2024**
Transaction ID : 451196A44EFF58687288
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ladd, Heather, , ,

Mailing Address 3616 W 7th St

City Anacortes	State WA	Zip Code 98221-1270
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) State Farm Agent
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 25 / 2024
Transaction ID : F6D3F246-90B7-4286-

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 11 Tiger Lily Ln

City Cape Eliz	State ME	Zip Code 04107-5107
-------------------	-------------	------------------------

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

Name of Employer (for Individual) State Farm	Occupation (for Individual) Area Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.64

Date of Receipt
 02 / 25 / 2024
Transaction ID : 4E12AE9389A9D00E8F92

Amount of Each Receipt this Period
 208.32

Memo Item

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

Mailing Address 8075 Miami Trace Rd SW

City Wshngtn Ct Hs	State OH	Zip Code 43160-9755
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) State Farm Agent
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 02 / 23 / 2024
Transaction ID : 484C88951605244C8C1B

Amount of Each Receipt this Period
 360.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	818.32
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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Rush, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13265 US Route 422
 City Kittanning State PA Zip Code 16201-4035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2024
Transaction ID : 202402221198-224
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Spoon, Rachael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7460 Ruth Dr
 City Klamath Falls State OR Zip Code 97603-9023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2024
Transaction ID : 4D399F4B8A33050272D5
 Amount of Each Receipt this Period
 750.00
 Memo Item

C. Terry, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 E Utopia Rd Unit 17
 City Phoenix State AZ Zip Code 85024-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Area Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2024
Transaction ID : 4CE09A9CF22E09D24619
 Amount of Each Receipt this Period
 208.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1158.32
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 15 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Thein, Ron, , ,			Date of Receipt MM / DD / YYYY 02 / 18 / 2024 Transaction ID : 400987DC7490860FB9BB
Mailing Address 9406 Crossbow Dr			Amount of Each Receipt this Period 125.00
City Bloomington	State IL	Zip Code 61705-8003	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) State Farm		Occupation (for Individual) Vp - Financial Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tomblin, Tad, , ,			Date of Receipt MM / DD / YYYY 02 / 27 / 2024 Transaction ID : 4AD6AA77696A8822A141
Mailing Address 150 Lock Ln Lock Lane			Amount of Each Receipt this Period 125.00
City Alum Creek	State WV	Zip Code 25003-9066	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) State Farm		Occupation (for Individual) Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wang, Michael, , ,			Date of Receipt MM / DD / YYYY 02 / 26 / 2024 Transaction ID : 40A8A57C69BD9A8506A6
Mailing Address 324 Harlequin St			Amount of Each Receipt this Period 208.32
City Cranberry Twp	State PA	Zip Code 16066-7938	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) State Farm		Occupation (for Individual) Area Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 416.64	

SUBTOTAL of Receipts This Page (optional).....	458.32
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 16 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

A. Watkins, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Burgundy Ct
 City Bloomington State IL Zip Code 61704-8372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2024
Transaction ID : 46C6A8196A8BAA28ECA8
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Williams, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5932 W Lake St
 City Chicago State IL Zip Code 60644-1833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) State Farm Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2024
Transaction ID : 202402221198-45
 Amount of Each Receipt this Period
 208.33
 Memo Item

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

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

SUBTOTAL of Receipts This Page (optional).....	333.33
TOTAL This Period (last page this line number only).....	7384.95

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andy Barr For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

Mailing Address PO Box 2059

City Lexington	State KY	Zip Code 40588
-------------------	-------------	-------------------

FEC Identification Number

C	C00467571
---	-----------

Purpose of Disbursement
2024 Primary

011
Category/ Type

Transaction ID : 4D08332545A

Amount of Each Disbursement this Period

1500.00

Candidate Name

Barr, Andy, H., , IV

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

Mailing Address PO Box 2059

City Lexington	State KY	Zip Code 40588
-------------------	-------------	-------------------

FEC Identification Number

C	C00467571
---	-----------

Purpose of Disbursement
2024 General

011
Category/ Type

Transaction ID : 9F4FDFCE0B

Amount of Each Disbursement this Period

1000.00

Candidate Name

Barr, Andy, H., , IV

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)

C. Ashley Hinson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2024

Mailing Address PO Box 811

City Marion	State IA	Zip Code 52302
----------------	-------------	-------------------

FEC Identification Number

C	C00706267
---	-----------

Purpose of Disbursement
2024 Primary

011
Category/ Type

Transaction ID : 739664817B!

Amount of Each Disbursement this Period

1000.00

Candidate Name

Hinson, Ashley, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IA District: 02

Memo Item

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Byron Donalds For Congress

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (02 / 09 / 2024)

Mailing Address 2430 Vanderbilt Beach Rd Ste 108

City Naples State FL Zip Code 34108

FEC Identification Number

FEC Identification Number form: C C00733329

Purpose of Disbursement 2024 Primary

Category/Type form: 011

Transaction ID : 288B8D9D9A
Amount of Each Disbursement this Period

Candidate Name

Donalds, Byron, , ,

Amount of Each Disbursement this Period form: 1000.00

Office Sought: [X] House [] Senate [] President
State: FL District: 19

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Carey For Congress

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (02 / 09 / 2024)

Mailing Address PO Box 16032

City Columbus State OH Zip Code 43216

FEC Identification Number

FEC Identification Number form: C C00779603

Purpose of Disbursement 2024 Primary

Category/Type form: 011

Transaction ID : 9A4534A7843
Amount of Each Disbursement this Period

Candidate Name

Carey, Mike, , ,

Amount of Each Disbursement this Period form: 1000.00

Office Sought: [X] House [] Senate [] President
State: OH District: 15

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Casten For Congress

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (02 / 22 / 2024)

Mailing Address PO Box 132

City Downers Grove State IL Zip Code 60515

FEC Identification Number

FEC Identification Number form: C C00648493

Purpose of Disbursement 2024 Primary

Category/Type form: 011

Transaction ID : 4345C2C1EA
Amount of Each Disbursement this Period

Candidate Name

Casten, Sean, , ,

Amount of Each Disbursement this Period form: 1500.00

Office Sought: [X] House [] Senate [] President
State: IL District: 06

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

[] Memo Item

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

SUBTOTAL form: 3500.00

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

TOTAL form: (empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2024

Mailing Address PO Box 11091

City
Chattanooga

State
TN

Zip Code
37401

FEC Identification Number

C C00461822

Transaction ID : BABA1CDEF

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name

Fleischmann, Charles, J.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TN District: 03

Memo Item

Full Name (Last, First, Middle Initial)

B. Comer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	09	/	2024

Mailing Address PO Box 338

City
Tompkinsville

State
KY

Zip Code
42167

FEC Identification Number

C C00588764

Transaction ID : E9332B6CEC

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name

Comer, James, R., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 01

Memo Item

Full Name (Last, First, Middle Initial)

C. David Scott For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2024

Mailing Address PO Box 960821

City
Riverdale

State
GA

Zip Code
30296

FEC Identification Number

C C00369801

Transaction ID : DB329DFF07

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name

Scott, David, Albert,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: GA District: 13

Memo Item

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)

Form for line numbers 21b-28c with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Davidson For Congress

Mailing Address PO Box 518

Date of Disbursement

Date of Disbursement form showing 02 / 06 / 2024

City Troy

State OH

Zip Code 45373

FEC Identification Number

C00600718

Transaction ID : BA28F05502

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement 2024 Primary

011

Category/Type

Candidate Name

Davidson, Warren, , ,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other

State: OH District: 08

Full Name (Last, First, Middle Initial)

B. Feenstra For Congress

Mailing Address 641 2nd St

Date of Disbursement

Date of Disbursement form showing 02 / 06 / 2024

City Hull

State IA

Zip Code 51239

FEC Identification Number

C00693663

Transaction ID : 922B7BE8FA

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement 2024 Primary

011

Category/Type

Candidate Name

Feenstra, Randy, , ,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other

State: IA District: 04

Full Name (Last, First, Middle Initial)

C. Fischbach For Congress

Mailing Address PO Box 190

Date of Disbursement

Date of Disbursement form showing 02 / 06 / 2024

City Litchfield

State MN

Zip Code 55355

FEC Identification Number

C00717959

Transaction ID : 334F19BCFF

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement 2024 Primary

011

Category/Type

Candidate Name

Fischbach, Michelle, L., ,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other

State: MN District: 07

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

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

4000.00

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)

Grid for line numbers 21b-28c with checkboxes, where 23 is checked.

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

Form A: French Hill For Arkansas. Includes fields for Name, Address, City, State, Zip, Purpose, Candidate Name, Office Sought, Disbursement For, Date, FEC ID, Transaction ID, and Amount.

Form B: Friends Of Raja For Congress. Includes fields for Name, Address, City, State, Zip, Purpose, Candidate Name, Office Sought, Disbursement For, Date, FEC ID, Transaction ID, and Amount.

Form C: Garbarino For Congress. Includes fields for Name, Address, City, State, Zip, Purpose, Candidate Name, Office Sought, Disbursement For, Date, FEC ID, Transaction ID, and Amount.

SUBTOTAL of Disbursements This Page (optional) 7500.00
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)

Form for line numbers 21b-28c, 22-29, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hageman For Wyoming

Mailing Address PO Box 4157

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement 2024 Primary

Candidate Name Hageman, Harriet, M.,

Office Sought: [X] House [] Senate [] President State: WY District: 01

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement

MM/DD/YYYY date field: 02/20/2024

FEC Identification Number

C00788943

Transaction ID : B1260067DBI

Amount of Each Disbursement this Period

Amount field: 3000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine Clark For Congress

Mailing Address 600 Pennsylvania Ave SE Unit 15180

City Washington State DC Zip Code 20003

Purpose of Disbursement 2024 Primary

Candidate Name Clark, Katherine, M.,

Office Sought: [X] House [] Senate [] President State: MA District: 05

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement

MM/DD/YYYY date field: 02/20/2024

FEC Identification Number

C00541888

Transaction ID : 87860140330I

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Kiggans For Congress

Mailing Address PO Box 5042

City Virginia Beach State VA Zip Code 23471

Purpose of Disbursement 2024 Primary

Candidate Name Kiggans, Jennifer, A.,

Office Sought: [X] House [] Senate [] President State: VA District: 02

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement

MM/DD/YYYY date field: 02/20/2024

FEC Identification Number

C00776120

Transaction ID : 7C8B2D483E

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

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

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

Amount field: 6500.00

Amount field: 6500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lance Gooden For Congress Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	4

Mailing Address PO Box 2125

City
Terrell

State
TX

Zip Code
75160

FEC Identification Number

C00662601

Transaction ID : 06CF4D7BA8

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
2024 Primary

011

Category/
Type

Candidate Name

Gooden, Lance, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 05

Memo Item

Full Name (Last, First, Middle Initial)

B. Lawler For Congress, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	4

Mailing Address PO Box 87

City
South Salem

State
NY

Zip Code
10590

FEC Identification Number

C00815415

Transaction ID : 5CB3C9BBB7

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2024 Primary

011

Category/
Type

Candidate Name

Lawler, Michael, V., ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NY District: 17

Memo Item

Full Name (Last, First, Middle Initial)

C. Loudermilk For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	4

Mailing Address PO Box 447

City
Cassville

State
GA

Zip Code
30123

FEC Identification Number

C00543892

Transaction ID : 631D5FDD35

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2024 Primary

011

Category/
Type

Candidate Name

Loudermilk, Barry, Dean, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: GA District: 11

Memo Item

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

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

3750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mad 4 Pa PAC

Mailing Address PO Box 444

City
Glenside

State
PA

Zip Code
19038

Purpose of Disbursement
2024 Primary

011

Candidate Name

Dean Cunnane, Madeleine, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

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

FEC Identification Number

C C00670844

Transaction ID : CF929BE153I

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Monica For Congress

Mailing Address PO Box 4605

City
McAllen

State
TX

Zip Code
78502-4605

Purpose of Disbursement
2024 Primary

011

Candidate Name

De La Cruz Hernandez, Monica, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: TX District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	4

FEC Identification Number

C C00765719

Transaction ID : 925D96A35CI

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Morgan McGarvey For Congress

Mailing Address PO Box 5324

City
Louisville

State
KY

Zip Code
40255

Purpose of Disbursement
2024 Primary

011

Candidate Name

McGarvey, Morgan, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	4

FEC Identification Number

C C00791392

Transaction ID : 566DC0440I

Amount of Each Disbursement this Period

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

Memo Item

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

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

4	5	0	0	0	0	0	0	0	0
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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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nikki For Congress

Mailing Address PO Box 5171

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
2024 Primary

011

Candidate Name

Budzinski, Nikki, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	4

FEC Identification Number

C C00787812

Transaction ID : FD73D80619f

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Mailing Address PO Box 10954

City
San Bernardino

State
CA

Zip Code
92423

Purpose of Disbursement
2024 Primary

011

Candidate Name

Aguilar, Peter, Ray, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	4

FEC Identification Number

C C00510461

Transaction ID : A4BBE42409'

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Roger Williams For U S Congress Committee

Mailing Address 10 N Caddo St

City
Cleburne

State
TX

Zip Code
76031

Purpose of Disbursement
2024 Primary

011

Candidate Name

Williams, Roger, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	4

FEC Identification Number

C C00498121

Transaction ID : 8DC783C489

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6500.00

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Schneider For Congress

Mailing Address PO Box 1318

City Deerfield

State IL

Zip Code 60015

Purpose of Disbursement 2024 Primary

011

Candidate Name

Schneider, Bradley, Scott, ,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: IL District: 10

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (02 / 09 / 2024)

FEC Identification Number

C00495952

Transaction ID : 3E1165D30AI

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Fitzgerald For Congress

Mailing Address PO Box 484

City Oconomowoc

State WI

Zip Code 53066-0484

Purpose of Disbursement 2024 Primary

011

Candidate Name

Fitzgerald, Scott, L., ,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: WI District: 05

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (02 / 14 / 2024)

FEC Identification Number

C00720011

Transaction ID : 6279D97C2Df

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Steil For Wisconsin, Inc.

Mailing Address 1818 MILTON AVE # 1448

City JANESVILLE

State WI

Zip Code 53545-1129

Purpose of Disbursement 2024 General

011

Candidate Name

Steil, Bryan, G., ,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: WI District: 01

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (02 / 06 / 2024)

FEC Identification Number

C00677286

Transaction ID : 698E16DA99

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 3750.00

[] Memo Item

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

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

Subtotal form: 7250.00

Total form: 7250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Strickland For Washington

Date of Disbursement

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

Mailing Address 4250 Martin Way E
PMB 163, Ste 105

City Olympia State WA Zip Code 98516

Purpose of Disbursement
2024 Primary

011
Category/ Type

FEC Identification Number

C	C00732826
---	-----------

Transaction ID : 422361DB154
Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: WA District: 10

Full Name (Last, First, Middle Initial)

B. Texans For Henry Cuellar Congressional Campaign

Date of Disbursement

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

Mailing Address 1519 Washington St
Ste 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
2024 Primary

011
Category/ Type

FEC Identification Number

C	C00371302
---	-----------

Transaction ID : 9C0AFD515F
Amount of Each Disbursement this Period

2250.00

Memo Item

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: TX District: 28

Full Name (Last, First, Middle Initial)

C. Veronica Escobar For Congress

Date of Disbursement

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

Mailing Address PO Box 3961

City El Paso State TX Zip Code 79923

Purpose of Disbursement
2024 Primary

011
Category/ Type

FEC Identification Number

C	C00653923
---	-----------

Transaction ID : 0135FF084B
Amount of Each Disbursement this Period

500.00

Memo Item

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: TX District: 16

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

3750.00

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

55250.00

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)

Grid of boxes for line numbers 21b through 30b, with box 29 checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for Rob Hutton

Mailing Address 17785 Marseille Drive

City Brookfield State WI Zip Code 53045

Purpose of Disbursement Nonfederal Contribution Category/Type 011

Candidate Name

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

Date of Disbursement 02 / 06 / 2024

FEC Identification Number C; Transaction ID : CF8487F73BI; Amount of Each Disbursement this Period 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Allison Russo

Mailing Address 545 East Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Nonfederal Contribution Category/Type 011

Candidate Name

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

Date of Disbursement 02 / 14 / 2024

FEC Identification Number C; Transaction ID : 30B6DCCD60; Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT JOSEPH ARAGONA

Mailing Address 42033 COULON

City CLINTON TOWNSHIP State MI Zip Code 48038

Purpose of Disbursement Nonfederal Contribution Category/Type 011

Candidate Name

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

Date of Disbursement 02 / 26 / 2024

FEC Identification Number C; Transaction ID : 34CD563452; Amount of Each Disbursement this Period 200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) 6200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MIKE HARRIS

Mailing Address 7111 DIXIE HWY SUITE 112

City
CLARKSTON

State
MI

Zip Code
48346

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : C46443F9A4

Amount of Each Disbursement this Period

[Redacted]	500.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BRYAN POSTHUMUS

Mailing Address 106 W ALLEGAN ST STE 200

City
LANSING

State
MI

Zip Code
48933

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : DA46FAF122I

Amount of Each Disbursement this Period

[Redacted]	500.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dontavius Jarrells

Mailing Address 222 East Town Street
Suite 2W

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : BAFEBBA4B

Amount of Each Disbursement this Period

[Redacted]	1000.00
------------	---------

Memo Item

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

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

[Redacted]	2000.00
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[Redacted]	
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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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Jessica Miranda

Mailing Address 1238 West Kemper Road

City Cincinnati State OH Zip Code 45240

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : 38F5B2050C

Amount of Each Disbursement this Period

[Redacted] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Nick Santucci

Mailing Address 535 Avalon Dr, SE

City Warren State OH Zip Code 44484

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : AE438A7535C

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Haraz Ghanbari for Ohio

Mailing Address 26811 Dogwood Lane

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : 7C18AD5263

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item

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

[Redacted] 4500.00

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

[Redacted] 12700.00