

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 Mark Schwamberger, Treasurer,
Bloomington IL 61710-0001
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 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 01 / 01 / 2023 through 01 / 31 / 2023

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

Signature of Treasurer Schwamberger, Mark, , , [Electronically Filed] Date 02 / 15 / 2023

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="481352.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="481352.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32440.17"/>	<input type="text" value="32440.17"/>
(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="513793.08"/>	<input type="text" value="513793.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="8500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="505293.08"/>	<input type="text" value="505293.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2023 To: M M / D D / Y Y Y Y 01 / 31 / 2023

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).....	9449.93	9449.93
(ii) Unitemized	22990.24	22990.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32440.17	32440.17
(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)	32440.17	32440.17
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)).....▶	32440.17	32440.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32440.17	32440.17

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.....	7000.00	7000.00
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).....	1500.00	1500.00
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)) ..	8500.00	8500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	8500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	32440.17	32440.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32440.17	32440.17
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: (check only one)	PAGE 6 OF 15
	<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 (State Farm Federal PAC)

A. Anderson, Damy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Paintbrush Ln
 City Parker State CO Zip Code 80138-4240
 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 **01 / 24 / 2023**
Transaction ID : 4F18B2F7B4A9DDC141E9
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Arnold, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 W Princeville Dr
 City Anthem State AZ Zip Code 85086-3028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Ovp - Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.32

Date of Receipt **01 / 05 / 2023**
Transaction ID : 40CD994BDE0BB7069B70
 Amount of Each Receipt this Period 208.32
 Memo Item

C. Bernzott, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 N Fairway Dr
 City Connerville State IN Zip Code 47331-9639
 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 **01 / 16 / 2023**
Transaction ID : 2DCE9741-7D4B-4A39-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1108.32
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 7 OF 15
	<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. Cefalu, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3550 Victory Ln

City Canfield	State OH	Zip Code 44406-7109
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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
 01 / 05 / 2023
Transaction ID : 45409DC058D5357E0080

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 324 S Chandler Ave

City Elmhurst	State IL	Zip Code 60126-3561
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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
 01 / 12 / 2023
Transaction ID : 68E925BC-74BF-4CD9-

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 2803 Powell Dr

City Bloomington	State IL	Zip Code 61704-4698
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 01 / 12 / 2023
Transaction ID : 4CF4A56D8B8B3A395351

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 15
	<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. Fancher, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Chota View Pl
 City Loudon State TN Zip Code 37774-2842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Agency Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.32

Date of Receipt **01 / 25 / 2023**
Transaction ID : 4E2D8F7F6B195A3DB3AB
 Amount of Each Receipt this Period 208.32
 Memo Item

B. Hakey, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5055 Deerfield Dr
 City Morris State IL Zip Code 60450-9744
 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 ▼ 350.00

Date of Receipt **01 / 17 / 2023**
Transaction ID : 41BAA7A7C5716DD5A31D
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Koehler, Becky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1540 S Bentley Ave Apt 402
 City Los Angeles State CA Zip Code 90025-7379
 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 ▼ 1500.00

Date of Receipt **01 / 26 / 2023**
Transaction ID : 47FAAD936C1463592874
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2058.32
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 9 OF 15
	<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. Loftus, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 208.32

Date of Receipt **01 / 25 / 2023**
Transaction ID : 4B3AB09190199A37654A
 Amount of Each Receipt this Period 208.32
 Memo Item

B. Padesky, Jackie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1294 Lourdes Rd
 City Metamora State IL Zip Code 61548-7709
 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 **01 / 12 / 2023**
Transaction ID : 47C08DB240AF8D76845C
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Pratt, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15604 Ryder Cup Dr
 City Haymarket State VA Zip Code 20169-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Sales Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 23 / 2023**
Transaction ID : 06BEEF7A-C5B8-4CC2-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	708.32
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 10 OF 15
<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. Rice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22143 E Hidden Trail Dr
 City Parker State CO Zip Code 80138-8869
 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 ▼ 1200.00

Date of Receipt 01 / 27 / 2023
 Transaction ID : 3ED4BF57-1E63-4C18-
 Amount of Each Receipt this Period 1200.00
 Memo Item

B. Siegel, Roni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 N Lake Shore Dr Apt 3908
 City Chicago State IL Zip Code 60611-3150
 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 01 / 13 / 2023
 Transaction ID : 49F0B1272EEA04254657
 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 ▼ 208.32

Date of Receipt 01 / 21 / 2023
 Transaction ID : 4B02A02DA022121C89EF
 Amount of Each Receipt this Period 208.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2158.32
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 11 OF 15
	<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. Teshome, Ezra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 31st Ave
 City Seattle State WA Zip Code 98122-6316
 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 **01 / 28 / 2023**
Transaction ID : DD1D3436-4652-403B-
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Twitty, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 N Ridgeland Ave
 City Elmhurst State IL Zip Code 60126-2525
 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 **01 / 13 / 2023**
Transaction ID : 40C3B44415A01053E0D1
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wang, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22522 Bowens Wharf PI
 City Ashburn State VA Zip Code 20148-6634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State Farm Occupation (for Individual) Area Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 208.32

Date of Receipt **01 / 26 / 2023**
Transaction ID : 41BDA912E1F0E20A0EB3
 Amount of Each Receipt this Period 208.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1208.32
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 12 OF 15
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Larry, , ,

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 ▼
208.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2023

Transaction ID : 2023020813177-46

Amount of Each Receipt this Period
208.33

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.33
TOTAL This Period (last page this line number only).....	9449.93

**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

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 (Last, First, Middle Initial)

A. Andy Barr For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2023

Mailing Address PO Box 2059

FEC Identification Number

C	C00467571
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City Lexington State KY Zip Code 40588

Transaction ID : 5DFB1E2387!

Purpose of Disbursement
2024 Primary

011
Category/ Type

Amount of Each Disbursement this Period

Candidate Name
Barr, Andy, H., , IV

2500.00

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. Committee To Re-Elect Henry Hank Johnson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2023

Mailing Address 4153 Flat Shoals Pkwy Ste 322

FEC Identification Number

C	C00418293
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City Decatur State GA Zip Code 30034

Transaction ID : 8E8610AF41C

Purpose of Disbursement
2024 Primary

011
Category/ Type

Amount of Each Disbursement this Period

Candidate Name
Johnson, Henry, C., , Jr.

1500.00

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: GA District: 04

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2023

Mailing Address PO Box 3743

FEC Identification Number

C	C00459255
---	-----------

City Carmel State IN Zip Code 46082

Transaction ID : 46353214562

Purpose of Disbursement
2028 General

011
Category/ Type

Amount of Each Disbursement this Period

Candidate Name
Young, Todd, Christopher, ,

1000.00

Office Sought: House Senate President
 Disbursement For: 2028 Primary General Other (specify) ▼
 State: IN District:

Memo Item

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

5000.00

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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)

Form A: Terri Sewell For Congress. Includes fields for Name, Address, Date of Disbursement (01/31/2023), FEC ID (C00458976), Amount (1000.00), and Disbursement Type (Primary).

Form B: William Timmons For Congress. Includes fields for Name, Address, Date of Disbursement (01/09/2023), FEC ID (C00668491), Amount (1000.00), and Disbursement Type (Primary).

Form C: Empty form for another candidate. Includes fields for Name, Address, Date of Disbursement, FEC ID, Amount, and Disbursement Type.

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) at 2000.00 and TOTAL This Period (last page this line number only) at 7000.00.

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Jones for State Representative

Mailing Address 289 Paxton Ave

City
Calumet City

State
IL

Zip Code
60409-1748

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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	4		2	0	2	3		

FEC Identification Number

C

Transaction ID : A08348FA55!
Amount of Each Disbursement this Period

1	5	0	0	.	0	0					
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Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

1	5	0	0	.	0	0					
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1	5	0	0	.	0	0					
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