

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

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 C C00544817 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 Mark Schwamberger

Signature of Treasurer Mark Schwamberger [Electronically Filed] Date 07 / 28 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		173450.00
(b) Cash on Hand at Beginning of Reporting Period.....	173450.00	
(c) Total Receipts (from Line 19) .....	335074.00	335074.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	508524.00	508524.00
7. Total Disbursements (from Line 31).....	282090.00	282090.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	226434.00	226434.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	333449.00	333449.00
(ii) Unitemized .....	1250.00	1250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	334699.00	334699.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	334699.00	334699.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	375.00	375.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	335074.00	335074.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	335074.00	335074.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	90.00	90.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	90.00	90.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	282000.00	282000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	282090.00	282090.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	282090.00	282090.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	334699.00	334699.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	334699.00	334699.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	90.00	90.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	90.00	90.00

**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 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Steve Aguilar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 717 Pendragon Ct  
 City Franklin State TN Zip Code 37067-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation OVP - CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2015  
**Transaction ID : 02027EC120D048828114**  
 Amount of Each Receipt this Period  
 2500.00

**B. Robin L. Ambrose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 Brougham St  
 City Normal State IL Zip Code 61761-4854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP - SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2015  
**Transaction ID : E8ED3B1C40DC451F879F**  
 Amount of Each Receipt this Period  
 500.00

**C. Beth Annarino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3123 Butterfly Dr  
 City Normal State IL Zip Code 61761-9397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP - L/H SERVICES  
 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  
 04 / 22 / 2015  
**Transaction ID : ACD40B12DD3E4742A55D**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Michael Arnold**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Chloe Ct

City Bloomington State IL Zip Code 61704-8666

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : 25F16C9413BF43E782E7**

Amount of Each Receipt this Period  
 1500.00

**B. Sandy Arnold**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Stonebrook Ct

City Bloomington State IL Zip Code 61704-4156

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

Name of Employer STATE FARM Occupation ISD VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : E53ADB2E4814476F8718**

Amount of Each Receipt this Period  
 4000.00

**C. Jeff J. Attar**  
Full Name (Last, First, Middle Initial)

Mailing Address 11515 Myrrh Ln

City Frankfort State IL Zip Code 60423-7809

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : E125892A6C184D668E43**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00

**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 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Brad Barclay**  
Full Name (Last, First, Middle Initial)

Mailing Address 10598 N 600 East Rd

City State Zip Code  
Stanford IL 61774-9497

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

Name of Employer Occupation  
STATE FARM CCC SALES DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2015  
**Transaction ID : 54C0DFE29C1F47E2B656**

Amount of Each Receipt this Period  
500.00

**B. Ron Barlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2802 Park Ridge Rd

City State Zip Code  
Bloomington IL 61704-8432

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

Name of Employer Occupation  
STATE FARM DIRECTOR - ENTERPRISE RISK MGT

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  
04 / 08 / 2015  
**Transaction ID : 831F492BB15240F7B452**

Amount of Each Receipt this Period  
300.00

**C. Dean Barry**  
Full Name (Last, First, Middle Initial)

Mailing Address 819 W Arapaho Rd  
Ste 24B

City State Zip Code  
Richardson TX 75080-5040

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

Name of Employer Occupation  
STATE FARM VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2015  
**Transaction ID : 229B16D61B244313AB99**

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015  
**Transaction ID : 736937EE026D49A4CAC**  
Amount of Each Receipt this Period  
1500.00

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

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2015  
**Transaction ID : 529D02F6CD164F4398CE**  
Amount of Each Receipt this Period  
1500.00

**C. Nancy Behrens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14995 E 2550 North Rd  
City State Zip Code  
Hudson IL 61748-9068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
STATE FARM VP-LIFE/HEALTH & MUTUAL FUNDS  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015  
**Transaction ID : 42DD4487B6144DCCA263**  
Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. David Beigie**  
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Fiona Way

City Bloomington State IL Zip Code 61704-7011

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

Name of Employer STATE FARM Occupation VP - PUBLIC AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
04 / 20 / 2015  
Transaction ID : **D752409F73104472A003**

Amount of Each Receipt this Period  
2600.00

**B. Sue Beigie**  
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Fiona Way

City Bloomington State IL Zip Code 61704-7011

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

Name of Employer STATE FARM Occupation DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 20 / 2015  
Transaction ID : **E05B81535E56483E9764**

Amount of Each Receipt this Period  
250.00

**C. Dan J. Benedict**  
Full Name (Last, First, Middle Initial)

Mailing Address 2843 County Road 600 N

City El Paso State IL Zip Code 61738-1744

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

Name of Employer STATE FARM Occupation DIRECTOR - ADMIN SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 27 / 2015  
Transaction ID : **0097CE68AB444AFABC3A**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3100.00

**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:	PAGE 11 OF 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Kelly L. Bever**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Caladonia Ct  
 City Bloomington State IL Zip Code 61704-4185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : 83385F8B10CF475DA66E**  
 Amount of Each Receipt this Period  
 1500.00

**B. Andrea O'Connor Bjorkman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 W Washington St Apt 6  
 City Bloomington State IL Zip Code 61701-3959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP BANK STRATEGY & CUST EXP  
 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  
 04 / 01 / 2015  
**Transaction ID : DB52E91C94A24E599D97**  
 Amount of Each Receipt this Period  
 250.00

**C. Greg F. Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1904 Crestmoor Cove Cc Ct  
 City Normal State IL Zip Code 61761-5362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP - RISK MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : 8E67C4BC7EDB48829894**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Steve L. Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Hawkshead St  
 City Timnath State CO Zip Code 80547-4411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 8D181D84E93C4B06AA59**  
 Amount of Each Receipt this Period  
 1500.00

**B. Becky R. Blevins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Cedar Knoll Ct  
 City Blythewood State SC Zip Code 29016-8652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP-AGENCY/SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : FEE54D970F1A4807AC98**  
 Amount of Each Receipt this Period  
 1500.00

**C. Debra G. Boblitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 Liberty Pike Apt 233  
 City Franklin State TN Zip Code 37064-3168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : DF04BE6974894E6DAB08**  
 Amount of Each Receipt this Period  
 4000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Michelle G. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 186 Vista Ridge Dr

City South Lebanon State OH Zip Code 45065-8761

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

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : B5F1EB5576A54DF8A684**

Amount of Each Receipt this Period  
 1500.00

**B. Robert Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Pin Oak Dr

City Chadds Ford State PA Zip Code 19317-7387

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : BE7F996A3B5445D5AD82**

Amount of Each Receipt this Period  
 1500.00

**C. Tony L. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Chad Ln

City Howell State NJ Zip Code 07731-5042

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015

**Transaction ID : 91447C9AF78C4B5BB7F2**

Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. John J. Burns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2212 Tyler Trl  
 City Bloomington State IL Zip Code 61705-8754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 55886BCF89B74C34B07A**  
 Amount of Each Receipt this Period  
 1500.00

**B. King K. Butler**  
 Full Name (Last, First, Middle Initial)  
 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 STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 826071C2934D4F7B90BF**  
 Amount of Each Receipt this Period  
 1500.00

**c. Leslie S. Calkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 233 Vista Cir  
 City Lander State WY Zip Code 82520-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : 715B94A5D0444D45BFAF**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Kevin B. Callis**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : 183FC3E902F442458A1C**

Amount of Each Receipt this Period  
1500.00

**B. Bill L. Cecil**  
Full Name (Last, First, Middle Initial)

Mailing Address 3502 Matthew Dr

City Bloomington State IL Zip Code 61704-8653

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

Name of Employer STATE FARM Occupation CONSULTANT-STRATEGIC RESOURCES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 06 / 2015  
**Transaction ID : 3ED9C272713D4E4B9363**

Amount of Each Receipt this Period  
250.00

**C. Mark A. Chase**  
Full Name (Last, First, Middle Initial)

Mailing Address 11210 Laverham Ct

City Bakersfield State CA Zip Code 93312-7018

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

Name of Employer STATE FARM Occupation CLAIMS MGR - P&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 18 / 2015  
**Transaction ID : 9A66AD66C73B4496B84F**

Amount of Each Receipt this Period  
250.00

**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: PAGE 16 OF 152  
(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**

**A. Stephanie M. Colegrove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3712 Yellowstone Dr  
 City Normal State IL Zip Code 61761-9511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation OVP - UNDERWRITING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 03 / 2015  
**Transaction ID : E0980549A9754EDDA4B0**  
 Amount of Each Receipt this Period 2500.00

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

Date of Receipt 04 / 22 / 2015  
**Transaction ID : 4625E5E8E7F1438E9F68**  
 Amount of Each Receipt this Period 4000.00

**C. Sue A. Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 Copper Mill Trl  
 City Cumming State GA Zip Code 30041-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation OPERATIONS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 08 / 2015  
**Transaction ID : F5D5E6458A3547DB98CC**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00  
**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 17 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Kristyn Cook-Turner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6812 Dakota Trl  
 City Edina State MN Zip Code 55439-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AREA VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : CB19A53AF6F54C28B71A**  
 Amount of Each Receipt this Period  
 1500.00

**B. Mary E. Crego**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 Longwood Ln  
 City Bloomington State IL Zip Code 61704-8376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : A8358618D5244EC79A70**  
 Amount of Each Receipt this Period  
 5000.00

**C. Dean M. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Northcrest Ct  
 City Bloomington State IL Zip Code 61701-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 4A28D797A23544AC9E81**  
 Amount of Each Receipt this Period  
 1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Maureen J. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Stark Cir  
 City Bloomington State IL Zip Code 61704-4808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP - SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : 911507B3F0694F71B7D5**  
 Amount of Each Receipt this Period  
 575.00

**B. Rayman N. Dorsett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Imperial Dr  
 City Bloomington State IL Zip Code 61701-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 6C608459554542A683B0**  
 Amount of Each Receipt this Period  
 500.00

**C. Greg T. Dorsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15911 Ballantyne Trl  
 City Huntertown State IN Zip Code 46748-9120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : 0D2EA4C8B0F14680A845**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Jill A. Eberle**  
Full Name (Last, First, Middle Initial)

Mailing Address 2808 Vrooman Ct

City Bloomington State IL Zip Code 61704-7722

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

Name of Employer STATE FARM Occupation AVP - LIFE/HEALTH UNDERWRITING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C1E46630B0374F12BB43**

Amount of Each Receipt this Period  
 1000.00

**B. Peggy A. Echols**  
Full Name (Last, First, Middle Initial)

Mailing Address 3697 Newbridge Rd

City Keswick State VA Zip Code 22947-9201

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015

**Transaction ID : 1078646F1B57466DA4D5**

Amount of Each Receipt this Period  
 1500.00

**C. Suzette M. Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Town Square Dr

City Mountain View State CA Zip Code 94043-5287

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : DC14A59447A140F0AD81**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Bryan J. Erckenbrack**  
Full Name (Last, First, Middle Initial)

Mailing Address 2106 Currant Ct

City Bloomington State IL Zip Code 61704-2717

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

Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2015  
**Transaction ID : 6A754E39A9DA4A4B86ED**

Amount of Each Receipt this Period 500.00

**B. Martin C. Erwin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2212 E Olive St

City Bloomington State IL Zip Code 61701-4312

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : BEB7B17701184B5797E1**

Amount of Each Receipt this Period 1000.00

**C. Rana L. Faaborg**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Cherrywood Ln

City Bloomington State IL Zip Code 61701-2003

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : 4E4273EB17CE4A35A4B4**

Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

**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 21 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. John J. Fancher**  
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Degarmo Dr

City Bloomington State IL Zip Code 61704-9201

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

Name of Employer STATE FARM Occupation AGENCY VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
04 / 17 / 2015  
Transaction ID : DCF967DB851B4617AD11

Amount of Each Receipt this Period  
1500.00

**B. Jon C. Farney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3313 Peppertree Ln

City Bloomington State IL Zip Code 61704-8387

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

Name of Employer STATE FARM Occupation OVP - UNDERWRITING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2508.00

Date of Receipt  
03 / 31 / 2015  
Transaction ID : 4D02EEA54FDB41C8B935

Amount of Each Receipt this Period  
2508.00

**C. Duane C. Farrington**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Worthington Ct

City Bloomington State IL Zip Code 61704-2794

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

Name of Employer STATE FARM Occupation EVP & CHIEF ADMIN OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
03 / 27 / 2015  
Transaction ID : 95161FCD42AC42CA8DC6

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9008.00

**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 22 OF 152
<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**

**A. Tom Fatzynytz**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Pecan Ln

City Oak Ridge State NJ Zip Code 07438-9164

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 20 / 2015  
**Transaction ID : 43B9293989EA4BA4A136**

Amount of Each Receipt this Period  
250.00

**B. Michael H. Fergen**  
Full Name (Last, First, Middle Initial)

Mailing Address 3135 Sunner Ave

City Spirit Lake State IA Zip Code 51360-7678

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AEF1246F02B44C01A5C7**

Amount of Each Receipt this Period  
250.00

**C. Mike W. Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 1515 Beckenham Dr

City Bloomington State IL Zip Code 61704-7630

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

Name of Employer STATE FARM Occupation VP-SYSTEMS&CHIEF IT ARCHITECT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
04 / 01 / 2015  
**Transaction ID : 1F4C827CB26D49BD9080**

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Paul J. Finch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29415 Weeping Willow Dr  
 City Agoura Hills State CA Zip Code 91301-4136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : BEEC0379565243D0A6A0**  
 Amount of Each Receipt this Period  
 500.00

**B. Dianne M. Fleming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 Birchwood Ave  
 City Bloomington State IL Zip Code 61701-7143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VICE PRESIDENT - SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : BACD9CA04FDE4EB6ACD1**  
 Amount of Each Receipt this Period  
 3500.00

**C. Keith W. Flexsenhar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3109 Rudder Ln Apt 307  
 City Bloomington State IL Zip Code 61704-8475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation DIRECTOR - CHANGE ADOPTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : AD561A6B1C9B4124B117**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Eileen H. Flynn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6204 Southwind Ln  
City McKinney State TX Zip Code 75070-4873  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation VPO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 21 / 2015  
**Transaction ID : 521EF218CD1A4A56823F**  
Amount of Each Receipt this Period 1500.00

**B. Nicole A. Forziati**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 Cobble Hill Ct  
City Rock City Falls State NY Zip Code 12863-1228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation OPERATIONS MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2015  
**Transaction ID : BAA3AD6430DB4746A015**  
Amount of Each Receipt this Period 250.00

**C. Kevin Frederick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 152 Old Clinton Rd  
City Flemington State NJ Zip Code 08822-5536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2015  
**Transaction ID : 27B4C22B3CB24AA58CD0**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00  
**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:	PAGE 25 OF 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mike Fuller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2105 Sinclair Ct

City Bloomington State IL Zip Code 61704-4600

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

Name of Employer STATE FARM Occupation DIRECTOR-ISD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : E1BDD8CD0183489AAA13**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2002 Crimson Ln

City Bloomington State IL Zip Code 61704-2739

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

Name of Employer STATE FARM Occupation CLAIMS MGR - P&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : A519A09842BA4086A908**

Amount of Each Receipt this Period  
 300.00

**C. Mark D. Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Wisteria Ln

City Bloomington State IL Zip Code 61704-2769

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

Name of Employer STATE FARM Occupation AVP - CREATIVE SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : E9129CBEBD934683B2DB**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Virginia C. Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 Marcassin Dr  
 City Columbia State MO Zip Code 65201-7237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : 3EF65F7DBBDE43168646**  
 Amount of Each Receipt this Period  
 1500.00

**B. Curt D. Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2909 Lone Oak Rd  
 City Bloomington State IL Zip Code 61705-7802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation P&C CLAIMS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 030D9E5A60F54B3EB4CC**  
 Amount of Each Receipt this Period  
 500.00

**C. Shirley J. Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2409 Tiverton Dr  
 City Bakersfield State CA Zip Code 93311-9380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : 3917CE36F5DF494691DB**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Bill T. Graden**

Mailing Address 9 Payne Pl

City Normal State IL Zip Code 61761-3577

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015

**Transaction ID : D4BAEAC9A74842BC8412**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Christopher L. Gude**

Mailing Address 8729 Chapel Hill Dr

City Ellicott City State MD Zip Code 21043-1972

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

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : 886BE14B238C42E1993D**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**C. Clovis Guevara**

Mailing Address 3022 Cypress Gardens Dr

City Harlingen State TX Zip Code 78550-7455

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : 6F14DB8C4C14409B88A5**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Woody Guthals**  
Full Name (Last, First, Middle Initial)

Mailing Address 5011 Londonderry Rd

City State Zip Code  
Bloomington IL 61705-7403

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

Name of Employer Occupation  
STATE FARM DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : CAA2B6BFAE5746E4B081**

Amount of Each Receipt this Period  
500.00

**B. Dawn E. Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Saint Ivans Cir

City State Zip Code  
Bloomington IL 61705-9404

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

Name of Employer Occupation  
STATE FARM ISD EXECUTIVE LEAD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : 031C1C5648FA4892B39A**

Amount of Each Receipt this Period  
1000.00

**C. Chris T. Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1402 Guinness Dr

City State Zip Code  
Bloomington IL 61705-7132

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

Name of Employer Occupation  
STATE FARM BANK DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : C32F8A784E914A5887DB**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Chuck T. Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 9450 Janel Dr

City Bloomington State IL Zip Code 61705-4041

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

Name of Employer STATE FARM Occupation CLAIMS MGR - P&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : 9B9749CEA2CB4F3B8396**

Amount of Each Receipt this Period  
 400.00

**B. Julie J. Hancer**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Derby Way

City Bloomington State IL Zip Code 61704-2820

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2015

**Transaction ID : 6C12CF5B9B384EF694CE**

Amount of Each Receipt this Period  
 1600.00

**C. Linda K. Harper**  
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Cormier Dr

City Bakersfield State CA Zip Code 93311-2946

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015

**Transaction ID : 1D717D2C9B0943E6B472**

Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Win Havir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2900 Thomas Ave S  
 Apt 1931  
 City Minneapolis State MN Zip Code 55416-4198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : A67C5491CD2942278A7C**  
 Amount of Each Receipt this Period  
 250.00

**B. Phillip G. Hawkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7216 Oak Shores Dr  
 City Austin State TX Zip Code 78730-4315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : 0342925A129642EB834A**  
 Amount of Each Receipt this Period  
 4000.00

**C. Ken E. Heidrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Hilltop Rd  
 City Bloomington State IL Zip Code 61701-2009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AGENCY VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : 3BA9E2AB7B0146F382E4**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Wensley J. Herbert**  
 Full Name (Last, First, Middle Initial)  
 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 STATE FARM Occupation OVP - CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 4BEC0C404F474CEEAE9**  
 Amount of Each Receipt this Period  
 2500.00

**B. David C. Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12613 Holland Park St  
 City Bakersfield State CA Zip Code 93312-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 3248903BCA0D4DF9ADF1**  
 Amount of Each Receipt this Period  
 1500.00

**C. Shane M. Herrera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 296 Macallan Dr  
 City Pelham State AL Zip Code 35124-6244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation CLAIMS MGR - P&C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : CA8456B1CFDD4B17AE36**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Jay T. Hieb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 Sunningdale Ln  
 City Bloomington State IL Zip Code 61705-5282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : 30A4DD675E1748CCB6DD**  
 Amount of Each Receipt this Period  
 1000.00

**B. Eric J. Hines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 364 Donna Ln  
 City Fairview State NC Zip Code 28730-9740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : 8282251BA99343CCA455**  
 Amount of Each Receipt this Period  
 250.00

**C. Rod R. Hoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2805 Blarney Stone Ln  
 City Bloomington State IL Zip Code 61704-8452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO - COMPENSATION & BENEFITS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : 61CB83D40D0D4A658BAA**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Arlene D. Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11908 47th Avenue Ct NW  
 City Gig Harbor State WA Zip Code 98332-7914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 229354A3DAF54EE98871**  
 Amount of Each Receipt this Period  
 4000.00

**B. John A. Holliman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8115 Pine Run  
 City Spanish Fort State AL Zip Code 36527-8651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : 2A3F9926B8F54D4EACC5**  
 Amount of Each Receipt this Period  
 250.00

**C. Michael Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 Spalding Dr  
 City Sandy Springs State GA Zip Code 30350-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation OVP - CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : BCBB3E9154D1454E82E6**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Susan Q. Hood**  
Full Name (Last, First, Middle Initial)

Mailing Address 19556 Briar Dr

City Bloomington State IL Zip Code 61705-4034

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

Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015  
**Transaction ID : 48F1124F9B6C4546B072**

Amount of Each Receipt this Period  
4000.00

**B. Steve L. Horton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Dimmitt Ct

City Bloomington State IL Zip Code 61704-3422

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2015  
**Transaction ID : D786A2A4A8E2406C9474**

Amount of Each Receipt this Period  
500.00

**C. Eric Hoss**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Greythorne Cir

City Bloomington State IL Zip Code 61704-2923

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

Name of Employer STATE FARM Occupation DIRECTOR-ISD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2015  
**Transaction ID : 4720D26FD0804FEF910C**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Todd T. Hoyt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23528 Epperson Sq  
 City Brambleton State VA Zip Code 20148-7424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP - AGENCY/SALES SERVICES  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **05 / 07 / 2015**  
**Transaction ID : 4489DABF7B0649AF8513**  
 Amount of Each Receipt this Period **1500.00**

**B. Jeffrey W. Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17511 Sandpiper St  
 City Hudson State IL Zip Code 61748-7621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SVP AND GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 01 / 2015**  
**Transaction ID : 2B60C2CCEA9C43E2AC0A**  
 Amount of Each Receipt this Period **5000.00**

**C. Patty L. Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5003 Old Stump Dr NW  
 City Gig Harbor State WA Zip Code 98332-7801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP-AGENCY/SALES  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **04 / 22 / 2015**  
**Transaction ID : 8B44B0ACF00D45E08EFC**  
 Amount of Each Receipt this Period **1500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Deon S. Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2710 Piney Run  
City Bloomington State IL Zip Code 61705-6457  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 01 / 2015**  
**Transaction ID : E5FA96624FCC4AD6A7CD**  
Amount of Each Receipt this Period **1000.00**

**B. Gregory E. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19287 Inverness Ct  
City Bloomington State IL Zip Code 61705-5214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : A18EDFC6B7154F329AA9**  
Amount of Each Receipt this Period **500.00**

**C. Ryan C. Kenney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3800 Amaryllis Ct  
City Columbia State MO Zip Code 65203-6125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation SALES LEADER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 13 / 2015**  
**Transaction ID : B0512A25A109443498F0**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**  
**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:	PAGE 37 OF 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dan E. Kinney**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Leland St

City Bloomington State IL Zip Code 61701-5643

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

Name of Employer STATE FARM Occupation OVP - CLAIMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : 1A95131CC7D34CE290FC**

Amount of Each Receipt this Period  
 2500.00

**B. Barb Kirchgasser**  
Full Name (Last, First, Middle Initial)

Mailing Address 19863 Jared Dr

City Bloomington State IL Zip Code 61705-8804

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

Name of Employer STATE FARM Occupation OPERATIONS VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : 79828E0496D443DCAE9E**

Amount of Each Receipt this Period  
 2000.00

**C. Mike W. Kish**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 E Empire St # 360-337

City Bloomington State IL Zip Code 61704-3532

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

Name of Employer STATE FARM Occupation VICE PRESIDENT AGENCY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : BBFDF3ECE7104E72A865**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00

**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 38 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Jennifer L. Kline**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7432 New Albany Links Dr  
City New Albany State OH Zip Code 43054-6012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation AREA VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015  
**Transaction ID : 169DCECE4AE9466A8AE5**  
Amount of Each Receipt this Period  
2500.00

**B. Carla J. Kogelman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72440 Sorrel Dr  
City Bruce Twp State MI Zip Code 48065-3931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation SALES LEADER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2015  
**Transaction ID : CD8C3FD882574606A461**  
Amount of Each Receipt this Period  
250.00

**C. Dan J. Krause**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18399 Kingsmill St  
City Leesburg State VA Zip Code 20176-3948  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation AREA VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015  
**Transaction ID : 031A8844C0D94508AB2D**  
Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Susan A. Krieger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Keswick Dr  
 City New Albany State OH Zip Code 43054-8076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : D2162702823A460BA101**  
 Amount of Each Receipt this Period  
 1500.00

**B. Ken Lam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Foxtail Rd  
 City Bloomington State IL Zip Code 61704-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation OVP - UNDERWRITING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : 75B2BB15D52A4AFD8353**  
 Amount of Each Receipt this Period  
 2500.00

**C. Janis A. Lancaster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3608 Armstrong Dr  
 City Bloomington State IL Zip Code 61704-2838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation CLAIMS MGR - P&C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : BB702F50D06A4FBF868D**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 152
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Jim E. Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Bent Tree Ln

City Towanda State IL Zip Code 61776-7512

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

Name of Employer STATE FARM Occupation AVP - ACCTNG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : 0205ED94CB27421AA3D3**

Amount of Each Receipt this Period  
 1000.00

**B. Chris J. Lasky**  
Full Name (Last, First, Middle Initial)

Mailing Address 3211 Baer Rd

City Bloomington State IL Zip Code 61704-7003

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

Name of Employer STATE FARM Occupation AVP - ADMINISTRATIVE SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2015

**Transaction ID : 77C4F2A3E81445DA8735**

Amount of Each Receipt this Period  
 1000.00

**C. Carolyn A. Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 Country Club Rd SW

City Lakewood State WA Zip Code 98498-5315

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

Name of Employer STATE FARM Occupation AREA VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : AEC14468090B4957B922**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**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 41 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Michael D. Lennon**  
Full Name (Last, First, Middle Initial)

Mailing Address 2709 Crooked Creek Rd

City Bloomington State IL Zip Code 61705-6464

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

Name of Employer STATE FARM Occupation CLAIMS MGR - P&C

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2015  
**Transaction ID : E2F11456D3E048ADA999**

Amount of Each Receipt this Period 250.00

**B. Dianne Lerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Carney Ct

City Bloomington State IL Zip Code 61704-8352

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 09 / 2015  
**Transaction ID : 59FDBD45302545C78769**

Amount of Each Receipt this Period 1000.00

**C. Matthew Li**  
Full Name (Last, First, Middle Initial)

Mailing Address 750 Arcadia Ave Unit 6

City Arcadia State CA Zip Code 91007-7243

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2015  
**Transaction ID : DF2AB19B028B4542AECD**

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Terri G. Lockhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 6024 Spinnaker Cove Ct

City Suffolk State VA Zip Code 23435-3169

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

Name of Employer Hampton Veterans Affairs Medical Ctr. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 06 / 2015  
Transaction ID : **BB1E63E170944A0E9AA6**

Amount of Each Receipt this Period  
250.00

**B. Vince M. Lockhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 6024 Spinnaker Cove Ct

City Suffolk State VA Zip Code 23435-3169

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

Name of Employer STATE FARM Occupation AGENCY ADMINISTRATION LEADER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 06 / 2015  
Transaction ID : **08D63DC2074844079471**

Amount of Each Receipt this Period  
500.00

**C. Thomas Loftus**  
Full Name (Last, First, Middle Initial)

Mailing Address 51 Country Club Pl

City Bloomington State IL Zip Code 61701-3450

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

Name of Employer STATE FARM Occupation CHIEF COMPLIANCE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
03 / 26 / 2015  
Transaction ID : **B58FC076E8C7458F8D9C**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

**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 43 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Cheryl L. Logue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19553 Nottingham Dr  
 City Bloomington State IL Zip Code 61705-4006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP - LEARNING & DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 6889B36952CB462C9CBD**  
 Amount of Each Receipt this Period  
 1000.00

**B. Daphne O. Louie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4108 Frontgate Dr  
 City Columbia State MO Zip Code 65203-2389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation CLAIMS MGR - P&C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : F7A4DA34C1164FD5B47C**  
 Amount of Each Receipt this Period  
 250.00

**C. Mitch K. Lucie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19995 Jared Dr  
 City Bloomington State IL Zip Code 61705-8801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : FB14CE5B77DF422CBA76**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Julie S. Maloy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2946 Daventry Ln

City State Zip Code  
Charlottesville VA 22911-5778

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

Name of Employer Occupation  
STATE FARM VP-AGENCY/SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 21 / 2015  
**Transaction ID : 8035691E7A6048BF940C**

Amount of Each Receipt this Period  
1000.00

**B. Alan Maness**  
Full Name (Last, First, Middle Initial)

Mailing Address 8304 Thoreau Dr

City State Zip Code  
Bethesda MD 20817-3164

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

Name of Employer Occupation  
STATE FARM ASSOCIATE GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : 578372CFBFE445FB94E2**

Amount of Each Receipt this Period  
1500.00

**C. Annette R. Martinez**  
Full Name (Last, First, Middle Initial)

Mailing Address 2613 Crooked Creek Rd

City State Zip Code  
Bloomington IL 61705-6396

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

Name of Employer Occupation  
STATE FARM VP - HUMAN RESOURCES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : AA891EE24F2E44A28E78**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

**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 45 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Robert Mayrose**  
Full Name (Last, First, Middle Initial)

Mailing Address 2364 Hayden Way

City Normal State IL Zip Code 61761-5468

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

Name of Employer STATE FARM Occupation CLAIM CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 20 / 2015  
**Transaction ID : 5D1CDC6E688A456595AC**

Amount of Each Receipt this Period 300.00

**B. Wendy F. Mazza**  
Full Name (Last, First, Middle Initial)

Mailing Address 2807 Mowrey Dr

City Bloomington State IL Zip Code 61704-8905

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

Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : A15CED156C84418DA891**

Amount of Each Receipt this Period 500.00

**C. Sam S. McCammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3N943 Walt Whitman Rd

City Saint Charles State IL Zip Code 60175-6501

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

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 06 / 2015  
**Transaction ID : 8597611E6FEB45E19830**

Amount of Each Receipt this Period 1500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Gregg S. McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2810 Powell Dr  
 City Bloomington State IL Zip Code 61704-4716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation CLAIMS MGR - P&C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : ABBF0DB82C7E4C3283F4**  
 Amount of Each Receipt this Period  
 300.00

**B. Tim P. McFadden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5133 33rd St N  
 City Arlington State VA Zip Code 22207-1863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 86E36F2D0E3649D48699**  
 Amount of Each Receipt this Period  
 4000.00

**C. Steve McManus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Derby Way  
 City Bloomington State IL Zip Code 61704-2820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VICE PRESIDENT - COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : CEAA35249A3D46948864**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Ken Meek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Kilborn Ct  
 City Bloomington State IL Zip Code 61704-7001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP BANK PRODUCTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015  
**Transaction ID : C2241176C16B4BBFA1B4**  
 Amount of Each Receipt this Period  
 1500.00

**B. Christy A. Moberly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3700 Yellowstone Dr  
 City Normal State IL Zip Code 61761-9511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SVP - AGENCY & MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 18C156B82CF14854836E**  
 Amount of Each Receipt this Period  
 5000.00

**C. Stephanie R. Mollica**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Caladonia Ct  
 City Bloomington State IL Zip Code 61704-4185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 0E71850E11B9403E8D2E**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Joe R. Monk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3111 Fiona Way  
 City Bloomington State IL Zip Code 61704-7011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SVP&CAO-LIFE,VP-HLTH,MUTL FUND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : F261FBC5080544FBB03E**  
 Amount of Each Receipt this Period  
 5000.00

**B. Greg G. Monroe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Woodspring Ln  
 City Greenville State NC Zip Code 27834-7765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : D212462DC6FC4EED846E**  
 Amount of Each Receipt this Period  
 250.00

**C. Brad D. Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1814 Morgan Farms Way  
 City Brentwood State TN Zip Code 37027-1422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AREA VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : D29581E856BF43BF928C**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Wayne W. Montney**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Woodbine Rd

City Bloomington State IL Zip Code 61704-2812

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
04 / 20 / 2015  
Transaction ID : 36815C95AA6D4967B6E6

Amount of Each Receipt this Period  
750.00

**B. Rob J. Moser**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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

Name of Employer STATE FARM Occupation ASST VICE PRES & ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 02 / 2015  
Transaction ID : DF49118B184F426FAEC1

Amount of Each Receipt this Period  
1000.00

**C. Lynnette C. Muleady**  
Full Name (Last, First, Middle Initial)

Mailing Address 6540 Ravenswood Ct

City Vallejo State CA Zip Code 94591-3868

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 07 / 2015  
Transaction ID : 2F0487C8C07343CC8EC3

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

**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 50 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Jill A. Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Malibu  
 City Laguna Niguel State CA Zip Code 92677-5646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation CLAIMS MGR - P&C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 48F6AAFCAD194733B641**  
 Amount of Each Receipt this Period  
 250.00

**B. Sue Murray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Greenbriar Ln  
 City Kennett Sq State PA Zip Code 19348-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2015  
**Transaction ID : 9914F880FBD1438B95B5**  
 Amount of Each Receipt this Period  
 1500.00

**C. David M. Muscat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4954 Mammoth Ave  
 City Sherman Oaks State CA Zip Code 91423-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 2D7FE418AE16425F9F92**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Julia M. Muscott**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Majestic Cv

City Milton State GA Zip Code 30004-4568

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

Name of Employer STATE FARM Occupation OVP - UNDERWRITING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : AB1BBF19F6AF4F95BFC9**

Amount of Each Receipt this Period  
 3000.00

**B. Michelle W. Neils**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Walnut Dr

City Lincoln Univ State PA Zip Code 19352-8940

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : EB5DDFFFA4584881B17D**

Amount of Each Receipt this Period  
 400.00

**c. Carl D. Nguyen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Lansbrook Dr

City South Elgin State IL Zip Code 60177-3727

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : 6374ACFD8FED42899640**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Chris K. Noland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29566 N 124th Ln  
City Peoria State AZ Zip Code 85383-2462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation SALES LEADER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : 8966336764D1491B9E13**  
Amount of Each Receipt this Period  
500.00

**B. Mark Oakley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Flint Ct  
City Bloomington State IL Zip Code 61705-8830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation SYSTEMS VICE PRESIDENT & CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2015  
**Transaction ID : 71C79BEBA5B842159EDD**  
Amount of Each Receipt this Period  
4000.00

**C. Todd Oehler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3283 Fire Fly Ct  
City Normal State IL Zip Code 61761-9523  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation FINANCE DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2015  
**Transaction ID : C71BC29C2A994D3FA838**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Kurt T. Oleson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Chloe Ct  
 City Bloomington State IL Zip Code 61704-8666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP - FINANCIAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : 56E58705A5C8428C92F2**  
 Amount of Each Receipt this Period  
 2000.00  
 Aggregate Year-to-Date ▼  
 2000.00

**B. Kirsten Palacios**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Cabot Dr  
 City Chesterbrook State PA Zip Code 19087-5622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : 736A4F064FF0495C8806**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Rob R. Parent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1406 Watersound Way  
 City Bloomington State IL Zip Code 61705-7100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP - PLANNING & ANALYSIS  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : F22885199E644C35B413**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00  
**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 54 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Beau M. Parenti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1918 N Derbyshire Ln  
 City State Zip Code  
 Arlington Heights IL 60004-3351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE FARM SALES LEADER  
 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  
 04 / 08 / 2015  
**Transaction ID : A0A89FB60FF549C8B5FB**  
 Amount of Each Receipt this Period  
 300.00

**B. Bill J. Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6551 Quail Lk  
 City State Zip Code  
 Mason OH 45040-7990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE FARM SALES LEADER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : 2B2D957DC33F4B129A9D**  
 Amount of Each Receipt this Period  
 250.00

**C. Kathy W. Parks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Steamboat Rd  
 City State Zip Code  
 Shady Side MD 20764-9608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE FARM SALES LEADER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : 95CAAE4EE6D04EEFB3A5**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dick K. Paul**  
Full Name (Last, First, Middle Initial)

Mailing Address 3611 Armstrong Dr

City Bloomington State IL Zip Code 61704-2837

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

Name of Employer STATE FARM Occupation VP-LIFE/HEALTH & MUTUAL FUNDS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2508.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 62D0AFBDD354459AA7EE**

Amount of Each Receipt this Period  
 2508.00

**B. Michael T. Payne**  
Full Name (Last, First, Middle Initial)

Mailing Address 2503 Riverwoods Ln

City Bloomington State IL Zip Code 61705-8760

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : 5ED71476FD4F495787DD**

Amount of Each Receipt this Period  
 1500.00

**C. Louise L. Perrin**  
Full Name (Last, First, Middle Initial)

Mailing Address 333 N Canal St Apt 2304

City Chicago State IL Zip Code 60606-1497

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

Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : B1E8EDB4466346F59B53**

Amount of Each Receipt this Period  
 4000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8008.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 152  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ashley A. Pettit**

Mailing Address 3576 Napa Ln

City Normal State IL Zip Code 61761-9346

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

Name of Employer STATE FARM Occupation VP - SYSTEMS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 04 / 15 / 2015  
**Transaction ID : E6AD25E86FDA4AF19D65**

Amount of Each Receipt this Period  
 1500.00

Full Name (Last, First, Middle Initial)  
**B. Susie A. Pinkard**

Mailing Address 2460 Flint Creek Dr

City Cumming State GA Zip Code 30041-6329

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

Name of Employer STATE FARM Occupation VP - AGENCY/SALES SERVICES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 04 / 27 / 2015  
**Transaction ID : 05005C839F5844BCB521**

Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
**C. Kyle Pott**

Mailing Address 1414 Winterberry Cir

City Bloomington State IL Zip Code 61705-8001

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

Name of Employer STATE FARM Occupation DIRECTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 15 / 2015  
**Transaction ID : 30E2F39714ED4DA5B062**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

**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 57 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Dave Prus**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 Derby Way

City Bloomington State IL Zip Code 61704-2821

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

Name of Employer STATE FARM Occupation AVP - CCC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015

**Transaction ID : D8F0E61CFE084EBAB0D7**

Amount of Each Receipt this Period  
 1000.00

**B. Mary K. Quist**  
Full Name (Last, First, Middle Initial)

Mailing Address 9580 Janel Dr

City Bloomington State IL Zip Code 61705-4038

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

Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : CC946F64F2EC4EAEB866**

Amount of Each Receipt this Period  
 500.00

**C. Andy Rader**  
Full Name (Last, First, Middle Initial)

Mailing Address 3225 Camellia Ln

City Suwanee State GA Zip Code 30024-5335

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

Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : 0703664D505A41A38D7D**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 58 OF 152
	<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"/>	<input type="checkbox"/> 17

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

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

**A. John T. Raube**  
Full Name (Last, First, Middle Initial)

Mailing Address 5904 Southwind Ln

City McKinney State TX Zip Code 75070-4870

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

Name of Employer STATE FARM Occupation AREA VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : 9A502B8D89664B9AB57D**

Amount of Each Receipt this Period  
 2500.00

**B. Rich A. Rebholz**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Conway Cir

City Bloomington State IL Zip Code 61704-8286

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

Name of Employer STATE FARM Occupation VP-INVESTMENT OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C0F1DDDC9D0145098268**

Amount of Each Receipt this Period  
 2500.00

**C. Simon Reed**  
Full Name (Last, First, Middle Initial)

Mailing Address 3990 SE 39th Cir

City Ocala State FL Zip Code 34480-4951

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

Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 74DA9AFC1F7B48F0B8BE**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Michael Remmes**  
Full Name (Last, First, Middle Initial)

Mailing Address 604 1/2 Oglesby Avenue

City Normal State IL Zip Code 61761-1914

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015

**Transaction ID : DD1E88E3C79948798EDD**

Amount of Each Receipt this Period  
 1000.00

**B. Kathy M. Ress**  
Full Name (Last, First, Middle Initial)

Mailing Address 2403 Kaitlyn Dr

City Bloomington State IL Zip Code 61704-3436

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

Name of Employer STATE FARM Occupation CLAIMS MGR - P&C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015

**Transaction ID : 9A0A9A944EBE497AB99B**

Amount of Each Receipt this Period  
 250.00

**C. Javier A. Rey**  
Full Name (Last, First, Middle Initial)

Mailing Address 5320 N 25th St

City Phoenix State AZ Zip Code 85016-3608

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : 048D502374F647E9B732**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

**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 60 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Chris C. Roark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3703 Yellowstone Dr  
City Normal State IL Zip Code 61761-9511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation TEAM MGR-CLAIMS TRAINING/DPL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : 132AAB8781CD4A76953B**  
Amount of Each Receipt this Period 2500.00

**B. Trish E. Roark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3703 Yellowstone Dr  
City Normal State IL Zip Code 61761-9511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation OVP - ISD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : 32F01CFC4B714C6BBB4C**  
Amount of Each Receipt this Period 2500.00

**C. John D. Robertson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Red Stone Ct  
City Bloomington State IL Zip Code 61704-8403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation ISD EXECUTIVE LEAD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1008.00

Date of Receipt 04 / 01 / 2015  
**Transaction ID : 96CD309505914CF29251**  
Amount of Each Receipt this Period 1008.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6008.00  
**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 61 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Sonya J. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16021 Caenen St  
 City Overland Park State KS Zip Code 66062-7860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP-AGENCY/SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : 3AB6C49CD35A4A809EE3**  
 Amount of Each Receipt this Period  
 1000.00

**B. Jose A. Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2712 Degarmo Dr  
 City Bloomington State IL Zip Code 61704-9177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : 254909A77FBD44BEAF87**  
 Amount of Each Receipt this Period  
 500.00

**C. Marino R. Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Peppervine Ave  
 City Jacksonville State FL Zip Code 32259-5271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 5515E49DFAA24D028C18**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)  
**A. Leif Roll**

Mailing Address 2113 Currant Ct

City Bloomington State IL Zip Code 61704-2717

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

Name of Employer STATE FARM Occupation MARKETING VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : 8BB1FA67CBA14C48867C**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Sheva Rose**

Mailing Address 2680 Brentwood Estates Ct

City Cumming State GA Zip Code 30041-4900

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

Name of Employer STATE FARM Occupation SALES LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : F341352CD33A432D8FD2**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**c. Cathy A. Roth**

Mailing Address 300 Bowie St Apt 3201

City Austin State TX Zip Code 78703-4678

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

Name of Employer STATE FARM Occupation OPERATIONS MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 971BADA50AB445ECAB66**

Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Theresa B. Royster**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 Bent Ct

City Bloomington State IL Zip Code 61704-8356

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

Name of Employer STATE FARM Occupation AGENCY VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015

**Transaction ID : A2A796CF670D4EA99CFE**

Amount of Each Receipt this Period  
 2500.00

**B. Michele C. Russo**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Stony Brook Dr

City Saratoga Springs State NY Zip Code 12866-6445

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : 1A70B60C87014F59A0F0**

Amount of Each Receipt this Period  
 1500.00

**C. Ed B. Rust**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Downing Cir

City Bloomington State IL Zip Code 61704-7619

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

Name of Employer STATE FARM Occupation CHAIRMAN & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : 4BB9E031A68E424E8C45**

Amount of Each Receipt this Period  
 5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Sarah E. Rust</b>		Date of Receipt
Mailing Address 16 Downing Cir		M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2015
City Bloomington	State IL	Zip Code 61704-7619
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 3DF266F2C7F84F6BB109</b>
Name of Employer Occupation HOME MANAGER		Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Chris A. Schell</b>		Date of Receipt
Mailing Address 2007 Wrangley Ct		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015
City West Chester	State PA	Zip Code 19380-4149
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 32767E6B9976436A9704</b>
Name of Employer Occupation STATE FARM AREA VICE PRESIDENT		Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Mary A. Schmidt</b>		Date of Receipt
Mailing Address 2003 Foxtail Rd		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015
City Bloomington	State IL	Zip Code 61704-1537
FEC ID number of contributing federal political committee. C		<b>Transaction ID : ED79142EE5504C449E64</b>
Name of Employer Occupation STATE FARM SENIOR VICE PRESIDENT		Amount of Each Receipt this Period 4000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Rusty J. Schopp**  
Full Name (Last, First, Middle Initial)

Mailing Address 2111 Woodbine Rd

City Bloomington State IL Zip Code 61704-2813

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

Name of Employer STATE FARM Occupation AVP - ACCTNG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : DE2F3CAE7A9A4478B07C**

Amount of Each Receipt this Period 1000.00

**B. Schuyler Schubach**  
Full Name (Last, First, Middle Initial)

Mailing Address 9125 Deer Ridge Dr

City Bloomington State IL Zip Code 61705-7821

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

Name of Employer STATE FARM Occupation P&C CLAIMS DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2015  
**Transaction ID : 4F867DFFBD6F4197AD8E**

Amount of Each Receipt this Period 250.00

**C. Cathy Schwamberger**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Lakeside Way

City Folsom State CA Zip Code 95630-6608

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2015  
**Transaction ID : C25B1851144D473AACEC**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

**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 66 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Mark Schwamberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Fox Creek Rd  
 City Towanda State IL Zip Code 61776-7564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP-FINANCIAL OPS & CONTROLLER  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : F4D82D4EC6DE4D24970C**  
 Amount of Each Receipt this Period  
 2500.00  
 Aggregate Year-to-Date ▼  
 2500.00

**B. Amy M. Sena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 590 W Yellowstone Way  
 City Chandler State AZ Zip Code 85248-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation ADMINISTRATIVE SRVCS DIRECTOR  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : D3ADC96BFAE9437196CF**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**c. Jeff L. Shay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9579 Hampton Reserve Dr  
 City Brentwood State TN Zip Code 37027-8485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : 2931003E82004008BCAD**  
 Amount of Each Receipt this Period  
 750.00  
 Aggregate Year-to-Date ▼  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Barney Shultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6926 N Upper Skyline Dr  
 City Peoria State IL Zip Code 61614-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VICE PRESIDENT - COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 5EC8C0CD09514696B550**  
 Amount of Each Receipt this Period  
 1750.00

**B. Carra J. Simmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Derby Way  
 City Bloomington State IL Zip Code 61704-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP- LEARNING & DVLPMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : D618827E806745ED8C4A**  
 Amount of Each Receipt this Period  
 2500.00

**c. Larry E. Slone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Whispering Pines Cc Ln  
 City Normal State IL Zip Code 61761-5327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 8C5EF1B1A648484BB16B**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Steven M. Smeltz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Rapuano Way  
 City Carlisle State PA Zip Code 17015-7506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : CB92397028784C1299A7**  
 Amount of Each Receipt this Period  
 250.00

**B. Brenda S. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 Galliard Ct  
 City Bakersfield State CA Zip Code 93312-3699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation PA DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : 0E207131049C4C37B6D4**  
 Amount of Each Receipt this Period  
 500.00

**c. Doug C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11710 51st Ave NW  
 City Gig Harbor State WA Zip Code 98332-8201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation OVP - CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : 608D10F6AAAD4477A3D2**  
 Amount of Each Receipt this Period  
 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mike J. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 Ironwood Cc Dr

City Normal State IL Zip Code 61761-5270

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

Name of Employer STATE FARM Occupation PRESIDENT & CEO - SFFSB

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 04 / 01 / 2015  
**Transaction ID : C7B508C89BA34CB79AA8**

Amount of Each Receipt this Period 4000.00

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

Mailing Address 1915 Cloud St

City Bloomington State IL Zip Code 61701-5731

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

Name of Employer STATE FARM Occupation EVP, TREASURER AND CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 13 / 2015  
**Transaction ID : 13389ED8BAE44C0788F1**

Amount of Each Receipt this Period 5000.00

**C. Roberta F. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 6555 E 850 North Rd

City Stanford State IL Zip Code 61774-9587

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

Name of Employer STATE FARM Occupation AVP & SR IT ARCHITECT-SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : 53574B1932B6490B8294**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9500.00

**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 70 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Tracy L. Sokol**  
Full Name (Last, First, Middle Initial)

Mailing Address 18587 Navajo Ln

City Hudson State IL Zip Code 61748-7520

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

Name of Employer STATE FARM Occupation VP - INTERNAL AUDIT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
04 / 20 / 2015  
**Transaction ID : 42E8CE545E7A4255A3FC**

Amount of Each Receipt this Period  
1500.00

**B. Angela K. Sparks**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Crooked Creek Ct

City Bloomington State IL Zip Code 61705-6310

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

Name of Employer STATE FARM Occupation VP & ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : 6E3E84C46F3448879CF6**

Amount of Each Receipt this Period  
2500.00

**c. Will C. Spears**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Kings Mill Rd

City Normal State IL Zip Code 61761-4867

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

Name of Employer STATE FARM Occupation DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
04 / 08 / 2015  
**Transaction ID : 5EF6C445B9E144759C81**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4400.00

**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 71 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Kimberly A. Sterling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Kilborn Ct  
 City Bloomington State IL Zip Code 61704-7001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : F12BC1B8DEA14876BEEC**  
 Amount of Each Receipt this Period  
 1500.00

**B. Curt Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Greythorne Cir  
 City Bloomington State IL Zip Code 61704-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation ISD EXECUTIVE LEAD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : BC5BB63DD6E1452DB101**  
 Amount of Each Receipt this Period  
 1000.00

**C. Lisa E. Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2271 Jumper Knoll Dr  
 City Medina State OH Zip Code 44256-6398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VP-AGENCY/SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : 194EE22D69FF46F69AC0**  
 Amount of Each Receipt this Period  
 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Rob E. Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2808 Laurel Ests  
 City Baton Rouge State LA Zip Code 70820-5758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AREA VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 04D82359BB4244A7A211**  
 Amount of Each Receipt this Period  
 2500.00

**B. Steve D. Straight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Hodgehaven Cir  
 City Bloomington State IL Zip Code 61704-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : 0629D2976BB54D679CDB**  
 Amount of Each Receipt this Period  
 250.00

**C. Richard L. Sundstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Creek View Dr  
 City Fogelsville State PA Zip Code 18051-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 931B13AF770443C8FAF**  
 Amount of Each Receipt this Period  
 500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Eric C. Sutton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3009 Highbury Pl  
 City Weddington State NC Zip Code 28104-2401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : 5CA6F97659C344FBB89A**  
 Amount of Each Receipt this Period  
**500.00**

**B. Sara Taulbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Woodbine Rd  
 City Bloomington State IL Zip Code 61704-2813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation PA DIRECTOR  
 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  
 04 / 15 / 2015  
**Transaction ID : 2F56D958CC7A4E9482FC**  
 Amount of Each Receipt this Period  
**250.00**

**C. Ron B. Thein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 Setter St  
 City Normal State IL Zip Code 61761-5632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AVP - ACCTNG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : AD748669F8BC495B925A**  
 Amount of Each Receipt this Period  
**1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Maureen E. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9822 Mahogany Run  
 City Ijamsville State MD Zip Code 21754-9744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AGENCY ADMINISTRATION LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : E36DAD4EDD864A46A3BF**  
 Amount of Each Receipt this Period  
 250.00

**B. Alex J. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 Castle Dr  
 City Lafayette State IN Zip Code 47905-8891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation VPO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 2684172C3A584C24ABF4**  
 Amount of Each Receipt this Period  
 1500.00

**C. Bob B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35398 Oakcrest Ave  
 City Geismar State LA Zip Code 70734-3175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : AE9B9AF4B3BE46B1B23E**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 152
<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**

**A. Lynn D. Thomsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 440 Longwood Ln  
City Alpharetta State GA Zip Code 30004-3994  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation OPERATIONS MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 06 / 2015  
**Transaction ID : 66FDAABB7C544218458**  
Amount of Each Receipt this Period  
250.00

**B. Michael Tipsord**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Windsong Way  
City Bloomington State IL Zip Code 61704-8350  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation VICE CHAIRMAN, PRESIDENT & COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015  
**Transaction ID : 66064894A485473AB864**  
Amount of Each Receipt this Period  
5000.00

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015  
**Transaction ID : 4CA4BCEF472C42A69546**  
Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Michael L. Trout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2997 E 1000 North Rd  
 City State Zip Code  
 Stanford IL 61774-7519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE FARM VPO - HUMAN RESOURCES  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : 55E2D5A828F849679E61**  
 Amount of Each Receipt this Period  
 2000.00

**B. Brian Truttmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Rave Rd  
 City State Zip Code  
 Bloomington IL 61705-8749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE FARM PLANNING & ANALYSIS DIRECTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 9B918481E99543D18FF1**  
 Amount of Each Receipt this Period  
 300.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 3C3EE89B6C444CF4BB48**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Carla C. VanDongen**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Bent Tree Ln

City Towanda State IL Zip Code 61776-7511

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 06 / 2015  
**Transaction ID : AB1508D47DAF47B09C53**

Amount of Each Receipt this Period  
1000.00

**B. Anh Vo**  
Full Name (Last, First, Middle Initial)

Mailing Address 2304 Maidens Castle Dr

City Lewisville State TX Zip Code 75056-5628

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

Name of Employer STATE FARM Occupation OPERATIONS MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 08 / 2015  
**Transaction ID : 62784E97581F43BBA1B1**

Amount of Each Receipt this Period  
250.00

**C. Sherri Wade**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 McGinnis Way

City Milton State GA Zip Code 30004-0987

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : 82066EDA81434670AA07**

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Carol Waldron**  
Full Name (Last, First, Middle Initial)

Mailing Address 2108 Berry Ln

City Bloomington State IL Zip Code 61704-2790

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

Name of Employer STATE FARM Occupation VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2015

**Transaction ID : D1738C9E4AC843BD9185**

Amount of Each Receipt this Period  
 1500.00

**B. Cathy Wallace**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Derby Way

City Bloomington State IL Zip Code 61704-2821

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

Name of Employer STATE FARM Occupation CHIEF RISK OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : 1E29E391D58744DD8CEC**

Amount of Each Receipt this Period  
 4000.00

**C. Michael S. Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 336 Cottswald Ct

City Danville State CA Zip Code 94506-2088

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

Name of Employer STATE FARM Occupation VP - AGENCY/SALES SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : 77267912633A444E8212**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

**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 79 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Cj Warne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2511 Kara Xing  
City Bloomington State IL Zip Code 61704-1503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation BANK DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 22 / 2015  
**Transaction ID : 01B937EEEC5A466486DB**  
Amount of Each Receipt this Period 250.00

**B. Patrick R. Warren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 202 Windward Way  
City Nicholasville State KY Zip Code 40356-8027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE FARM Occupation VP-AGENCY/SALES  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 04 / 23 / 2015  
**Transaction ID : A5ECD3E373C4BABB5/**  
Amount of Each Receipt this Period 1200.00

**C. Bob L. Watkins**  
Full Name (Last, First, Middle Initial)  
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 STATE FARM Occupation ASSOCIATE GENERAL COUNSEL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1500.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : 0702D1E4410046EF9690**  
Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2950.00  
**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 80 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Chadd M. Watson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4290 Great Falls Loop  
 City Reno State NV Zip Code 89511-6077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 09E272C2829940D8B7CB**  
 Amount of Each Receipt this Period  
 500.00

**B. Allyson B. Watts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Litta Ct  
 City Bloomington State IL Zip Code 61704-9206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation LEADERSHIP ENTERPRISE DEV ASSC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2015  
**Transaction ID : 58BAB9DF59B84E99A154**  
 Amount of Each Receipt this Period  
 500.00

**C. Harolyn M. Watts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Pebblebrook Ct  
 City Bloomington State IL Zip Code 61705-6300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation ASST VICE PRESIDENT - CLAIMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : A7614B9A06C848208E19**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Jack W. Watts**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Arbor Ct

City Bloomington State IL Zip Code 61704-9113

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

Name of Employer STATE FARM Occupation OVP - ISD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C43EA159CE00478FB55A**

Amount of Each Receipt this Period  
 2500.00

**B. Eric Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Paige Pl

City Bloomington State IL Zip Code 61704-8273

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

Name of Employer STATE FARM Occupation VPO - MARKETING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015

**Transaction ID : DB73E7A6E4164532A513**

Amount of Each Receipt this Period  
 1500.00

**C. Jack H. Weekes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3208 Trumpet Ln

City Bloomington State IL Zip Code 61704-2754

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

Name of Employer STATE FARM Occupation OPERATIONS VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A79292BCFD984D05A548**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

**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 82 OF 152
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Debbie West**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5220 Wedgewood Dr  
 City Olive Branch State MS Zip Code 38654-6617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 72B7A3747C7246B6B777**  
 Amount of Each Receipt this Period  
 250.00

**B. Garnett B. West Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5220 Wedgewood Dr  
 City Olive Branch State MS Zip Code 38654-6617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation State Farm Agent  
 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  
 06 / 12 / 2015  
**Transaction ID : 155E32DB2E994330BDD1**  
 Amount of Each Receipt this Period  
 250.00

**C. Tim D. Westerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 Peaceful Rd  
 City Chesapeake State VA Zip Code 23322-2248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015  
**Transaction ID : A29FA769F9484AED9153**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 152  
(check only one)

<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**

Full Name (Last, First, Middle Initial)  
**A. Mike S. Wey**

Mailing Address 19352 Briar Dr

City Bloomington State IL Zip Code 61705-4035

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

Name of Employer STATE FARM Occupation EVP PROPERTY & CASUALTY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 02 / 2015  
**Transaction ID : 817E1AE1D0464AC18504**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Andy P. Wieduwilt**

Mailing Address 2004 Sinclair Ct

City Bloomington State IL Zip Code 61704-4591

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

Name of Employer STATE FARM Occupation AVP - LIFE/HEALTH ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : 47861CDB84A347A9A14E**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Emory A. Wilkerson**

Mailing Address 190 Pointer Ridge Trl

City Fayetteville State GA Zip Code 30214-7403

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

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 07 / 2015  
**Transaction ID : 7824FAE94D9B4CB9A4B2**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

**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 84 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mike R. Wilkinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2810 Devin Cir  
 City Anchorage State AK Zip Code 99516-2070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : 5C383B3500FE4D83B7BC**  
 Amount of Each Receipt this Period **500.00**

**B. Clint R. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10870 Harbor Bay Dr  
 City Fishers State IN Zip Code 46040-9012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 20 / 2015**  
**Transaction ID : 64D348F03E1049F181DE**  
 Amount of Each Receipt this Period **250.00**

**C. Debbie A. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 93 Horseneck Rd  
 City Fairfield State NJ Zip Code 07004-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SALES LEADER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 06 / 2015**  
**Transaction ID : 82464C4DFD24433F8605**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Chad B. Witt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6011 Jackpine Rd  
 City Bloomington State IL Zip Code 61705-7502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation DIRECTOR-OPERATIONS EXCELLENCE  
 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  
 04 / 03 / 2015  
**Transaction ID : B2BFEBE0589840ABB7F0**  
 Amount of Each Receipt this Period  
 250.00

**B. Laura Wyrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3904 Rave Rd  
 City Bloomington State IL Zip Code 61705-8749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation DIRECTOR - ENTERPRISE RISK MGT  
 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  
 05 / 20 / 2015  
**Transaction ID : A09B5AB68A8B49569B36**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert H. Yi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3616 Tahoe Ct  
 City Normal State IL Zip Code 61761-9573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 9647AB705F3D440DB2CC**  
 Amount of Each Receipt this Period  
 4000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	333449.00

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

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

FOR LINE NUMBER: PAGE 86 OF 152  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**Cantor for Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : 86600379958C05B56D1**

Amount of Each Receipt this Period  
 375.00

Refund of 2014 general election contribution originally itemized in May 2014 Monthly Report.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	375.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Adrian Smith for Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
2016 Primary

Candidate Name

**Adrian Michael Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

**Transaction ID : 31FC14B43A92129055C**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Al Green for Congress**

Mailing Address PO Box 56761

City State Zip Code  
Houston TX 77256-6761

Purpose of Disbursement  
2014 General

Candidate Name

**Alexander N. Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2015

**Transaction ID : 40F375099BD4092BF5C**

Amount of Each Disbursement this Period

-2000.00
----------

Full Name (Last, First, Middle Initial)

**C. Amodei for Nevada**

Mailing Address 503 N Division St

City State Zip Code  
Carson City NV 89703

Purpose of Disbursement  
2016 Primary

Candidate Name

**Mark Eugene Amodei**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

**Transaction ID : 82C2296AD718474E7DB**

Amount of Each Disbursement this Period

1000.00
---------

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

1500.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andre Carson for Congress**

Mailing Address PO Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Andre D. Carson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2015

**Transaction ID : 4E6878718E4628E6257**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Garland Hale Barr IV**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2015

**Transaction ID : 7921406754F7E591FE7**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ann Louise Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2015

**Transaction ID : 737B10C0E8ED3AF55C7**

Amount of Each Disbursement this Period

1000.00
---------

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

3500.00
---------

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

--



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ann Louise Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2015

**Transaction ID : EB4A8030B09E3A4BC73**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Barbara Lee for Congress**

Mailing Address 409 13th St, 17th Fl

City Oakland State CA Zip Code 94612

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Barbara Jean Lee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

**Transaction ID : 1B72AB485BC4BD377E1**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Beatty for Congress**

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Joyce Beatty**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

**Transaction ID : F18423EE562F9C95AC2**

Amount of Each Disbursement this Period

4000.00
---------

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

6000.00
---------

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

--



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bill Foster for Congress**

Mailing Address PO Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Bill Foster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : 798FA7BDC7DED7C7AAD**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Bill Foster for Congress**

Mailing Address PO Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Bill Foster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2015

**Transaction ID : BFD9C6A69D07290E3C8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Blaine for Congress**

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**W. Blaine Luetkemeyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : C119B1CE2F8B39B3165**

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Blaine for Congress**

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**W. Blaine Luetkemeyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

Transaction ID : EA6EFEA2ADAC7542150

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Butterfield for Congress**

Mailing Address 434 Fayetteville Street  
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**G. K. Butterfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

Transaction ID : B74DA727967B3FE8AA5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Capuano for Congress Committee**

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Everett Capuano**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2015

Transaction ID : 674527D5647A3B4EE1B

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Carlos Curbelo Congress**

Mailing Address 8770 SW 72nd St

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Carlos Luis Curbelo**

Office Sought:  House  
 Senate  
 President  
State: FL District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

**Transaction ID : A08041CD445CAD17C81**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Carper for Senate**

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Thomas Richard Carper**

Office Sought:  House  
 Senate  
 President  
State: DE District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 82AD95579C40F30B896**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Waters**

Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Maxine Waters**

Office Sought:  House  
 Senate  
 President  
State: CA District: 43

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : D4ED4BA99615BA83088**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Waters**

Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Maxine Waters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2015

**Transaction ID : ADFD62099FFFE17473D**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Clay Jr. for Congress**

Mailing Address PO Box 4544

City St. Louis State MO Zip Code 63108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**William Lacy Clay Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : E494A38D590DF26B007**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Cleaver for Congress**

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Emanuel Cleaver II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 520A316477D98A53B62**

Amount of Each Disbursement this Period

1000.00

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

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

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cleaver for Congress**

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Emanuel Cleaver II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : B1926DD6FFDAEDFC1E9

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Cole for Congress**

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Jeffery Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : 614284E8BAD4B80B645

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Henry Hank Johnson**

Mailing Address 4153 Flat Shoals Parkway  
Suite 322, Building C, 2nd Floor

City Decatur State GA Zip Code 30034

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Henry C. Johnson Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

Transaction ID : AC70B92CF6C2B61C395

Amount of Each Disbursement this Period

1500.00

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

4000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Nydia M. Velazquez To Congress**

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Nydia Margarita Velazquez**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 2138B194F3017FC0206**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Nydia M. Velazquez To Congress**

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Nydia Margarita Velazquez**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2015

**Transaction ID : 4FBFCB91B439B94037B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Cooper for Congress**

Mailing Address C/O Dglf Cpas & Business Advisors  
PO Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James Hayes Cooper**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : 137298E57313DBBAD3A**

Amount of Each Disbursement this Period

1500.00

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

5000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Crenshaw for Congress Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Mailing Address 7235 Bonneval Road  
Suite 219

City Jacksonville State FL Zip Code 32256-7506

**Transaction ID : 361FFAB43FEC1D12CB1**

Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Ander M. Crenshaw**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

**B. Crenshaw for Congress Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

Mailing Address 7235 Bonneval Road  
Suite 219

City Jacksonville State FL Zip Code 32256-7506

**Transaction ID : 5C28F51E7277FE2EE6C**

Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Ander M. Crenshaw**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

**C. Cummings for Congress Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

**Transaction ID : AF1871D74C987717FD0**

Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Elijah E. Cummings**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

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

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

5500.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dan Lipinski for Congress**

Mailing Address PO Box 520

City State Zip Code  
Western Springs IL 60558

Purpose of Disbursement  
2016 Primary

Candidate Name  
**Daniel William Lipinski**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 03

Date of Disbursement

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

**Transaction ID : 5E9E7D2E10ED9394971**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. David Scott for Congress**

Mailing Address PO Box 960821

City State Zip Code  
Riverdale GA 30296

Purpose of Disbursement  
2016 Primary

Candidate Name  
**David Albert Scott**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: GA District: 13

Date of Disbursement

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

**Transaction ID : 8CC3392B5C8B4193629**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Davis for Congress/Friends of Davis**

Mailing Address 5956 W. Race Avenue

City State Zip Code  
Chicago IL 60644

Purpose of Disbursement  
2016 Primary

Candidate Name  
**Danny K. Davis**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 07

Date of Disbursement

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

**Transaction ID : CEF7BCC18C41180952B**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DeFazio for Congress**

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Peter Anthony DeFazio**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : D3268092AD70C096C8F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DelBene for Congress**

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Suzan Kay DelBene**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

Transaction ID : 14AA4D27017F78B23C4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Denny Heck for Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Dennis Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

Transaction ID : E64F7778AC0443A7600

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Diane Lynn Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	5

**Transaction ID : 42A820D7A750400FA77**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Dold for Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robert James Dold Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

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

**Transaction ID : 9D77B2CC59DDF7FE1FF**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Donna Edwards for Congress**

Mailing Address PO Box 441153

City Fort Washington State MD Zip Code 20749

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Donna Fern Edwards**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 04

Date of Disbursement

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

**Transaction ID : B1825FC9217BC260033**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

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

3	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Donnelly for Indiana**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Joseph Simon Donnelly Sr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

Transaction ID : D22E999BF9FABB7A9DB

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Doyle for Congress Committee**

Mailing Address 205 Hawthorne Ct

City Pittsburgh State PA Zip Code 15221-4400

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael F. Doyle**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			18			2015			

Transaction ID : FCFAD7E5BCDAA2711FB

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Duckworth for Congress**

Mailing Address PO Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**L. Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

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

Transaction ID : 64FD2017FFB10A5D9A1

Amount of Each Disbursement this Period

2000.00
---------

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

4000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sean Patrick Duffy**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : 01BFA94D408243DB69C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Eddie Bernice Johnson for Congress**

Mailing Address 3102 Maple Avenue, Suite 605

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Eddie Bernice Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 30

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

**Transaction ID : 877988B15E70E35F627**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Elise for Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Elise M. Stefanik**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

**Transaction ID : D53215E09B77A21BC51**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Enzi for US Senate

Mailing Address PO Box 2775

City State Zip Code  
Cody WY 82414

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Michael Bradley Enzi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

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

Transaction ID : 3F052AD0ECF0D49A14E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### B. Frederica S. Wilson for Congress

Mailing Address 19821 NW 2nd Avenue  
Box 354

City State Zip Code  
Miami Gardens FL 33169

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frederica S. Wilson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 17

Date of Disbursement

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

Transaction ID : 8D24657482754D3D5F6

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### C. French Hill for Arkansas

Mailing Address PO Box 7841

City State Zip Code  
Little Rock AR 72217

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**J. French Hill**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

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

Transaction ID : 179DDAAF4735D6FB80

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends for Gregory Meeks**

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code  
Jamaica NY 11432

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Gregory Weldon Meeks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

/  /

**Transaction ID : 2D2244E3863FB6E2718**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends for Gregory Meeks**

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code  
Jamaica NY 11432

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Gregory Weldon Meeks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

/  /

**Transaction ID : 837E1B7B4240AA4C6AE**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of Bennie Thompson**

Mailing Address PO Box 100

City State Zip Code  
Bolton MS 39041

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Bennie G. Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MS District: 02

Date of Disbursement

/  /

**Transaction ID : FA147ABBA2AB2FD989E**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Bennie Thompson**

Mailing Address PO Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement  
2014 General

011

Candidate Name

**Bennie G. Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : D7FC0F5AEE096F49A34

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Cheri Bustos**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Cheryl L. Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : A69D6D20B68CF731397

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Dan Kildee**

Mailing Address PO Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Daniel Timothy Kildee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

Transaction ID : 0D7536EB0A956BC572C

Amount of Each Disbursement this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Dennis Ross**

Mailing Address Post Office Box

City State Zip Code  
Lakeland FL 33807

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Dennis Alan Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : 13CE79572AA18C8A459**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Dennis Ross**

Mailing Address Post Office Box

City State Zip Code  
Lakeland FL 33807

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Dennis Alan Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : 3047EA044B1576938F1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Dennis Ross**

Mailing Address Post Office Box

City State Zip Code  
Lakeland FL 33807

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Dennis Alan Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2015

**Transaction ID : F58327AF61AD884D6F5**

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Dennis Ross**

Mailing Address Post Office Box

City State Zip Code  
Lakeland FL 33807

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Dennis Alan Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : C35205D7B906613012E**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Dennis Ross**

Mailing Address Post Office Box

City State Zip Code  
Lakeland FL 33807

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Dennis Alan Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : 76B5DDDE2514D4E78C1**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Dick Durbin**

Mailing Address PO Box 1949

City State Zip Code  
Springfield IL 62705

Purpose of Disbursement  
2020 Primary

011

Category/  
Type

Candidate Name

**Richard Joseph Durbin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

**Transaction ID : E6A93817FEA3BF78165**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Elizabeth Esty**

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Elizabeth H. Esty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : 056D3991F0B4D442AFC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 996433EF9388F0A0CB6**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Frank Guinta**

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank Christopher Guinta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : 7D4F98CFA74BB987E7B**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382-0504

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : C2A4E41EDDEAA11F295**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : C36C15DCBED181B868B**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Barrasso**

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**John Anthony Barrasso**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : 753051E140A3F9FEF26**

Amount of Each Disbursement this Period

2000.00

**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)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of John Delaney**

Mailing Address PO Box 70835

City State Zip Code  
Bethesda MD 20813

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John K. Delaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2015

**Transaction ID : 31BBD9095635BF282D3**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of John Delaney**

Mailing Address PO Box 70835

City State Zip Code  
Bethesda MD 20813

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John K. Delaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2015

**Transaction ID : 54AEABD4D5C7C5F349A**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of John McCain Inc**

Mailing Address 228 S Washington Street Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John Sidney McCain III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

**Transaction ID : 4FAEB9DF8E7F7419759**

Amount of Each Disbursement this Period

3000.00
---------

**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)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of John Thune**

Mailing Address PO Box 841

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Randolph Thune**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : 918083A3F6C5A41A0DD**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte Inc**

Mailing Address PO Box 937

City State Zip Code  
Manchester NH 03105-0937

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kelly Ann Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

**Transaction ID : 4D489912A3A59F89A61**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Kelly Ayotte Inc**

Mailing Address PO Box 937

City State Zip Code  
Manchester NH 03105-0937

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kelly Ann Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 8178C005EC47CA3DD76**

Amount of Each Disbursement this Period

500.00

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

3500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Kelly Ayotte Inc**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Kelly Ann Ayotte**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : 7D33B285AE22C8C855C**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Mia B. Love**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 504848D465981C508E9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Mia B. Love**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : 9F33AB80A65004A64E5**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Patrick Joseph Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 7C81294D44DF8461259**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Patrick Joseph Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 61C5A81AF67FB4AE0CD**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Patrick Joseph Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 02E5EE8E1802F933097**

Amount of Each Disbursement this Period

2000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Patrick Murphy**

Mailing Address 4521 Pga Blvd #412

City State Zip Code  
Palm Beach Gardens FL 33418

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick E. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : A7E4F21466D29DF73F2

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Patrick Murphy**

Mailing Address 4521 Pga Blvd #412

City State Zip Code  
Palm Beach Gardens FL 33418

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick E. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015

Transaction ID : A9C69B4021B687394BD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Roy Blunt**

Mailing Address PO Box 10178

City State Zip Code  
Columbia MO 65205-4002

Purpose of Disbursement  
2016 General

011

Candidate Name

**Roy Dean Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : 9943D0E8A84EF029B2C

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Roy Dean Blunt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : 1C108D8644FA9FDB97C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Sam Johnson**

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Samuel Robert Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2015

Transaction ID : 68A0A74320D1AFA4CC5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : 51CE8AE9BBD3C143F9F

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Sherrod Campbell Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : B11DB8CB8D5D9FD5422**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Sherrod Campbell Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : 8AB9DFD6521DD01C768**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Gallego for Arizona**

Mailing Address PO Box 1710

City Phoenix State AZ Zip Code 85001

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ruben M. Gallego**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : 9939FE6BF1987C69E4F**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

--



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Heidi for Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Heidi Heitkamp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : B00E736F8F3B4DBA744**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Heller for Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Dean Arthur Heller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2015

**Transaction ID : 3D2BA7DE6B95A65F8F6**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
2016 Convention

011  
Category/  
Type

Candidate Name

**James Andrew Himes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : 11980ACB74F65BF1D67**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
2016 Convention

011

Category/  
Type

Candidate Name

**James Andrew Himes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

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

**Transaction ID : D999DFD489C4AFCCC73**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Steny Hamilton Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

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

**Transaction ID : DD893FD6DB03D861B09**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Steny Hamilton Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	5

**Transaction ID : 65C8F512FF53AF6A203**

Amount of Each Disbursement this Period

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

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

3	5	0	0	0	0
---	---	---	---	---	---

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

3	5	0	0	0	0
---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huizenga for Congress**

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464-1509

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**William Patrick Huizenga**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : 9BE095B745FA5336A10**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Issa for Congress**

Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Darrell Edward Issa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : AD1D1A8DAD37F1FE0EA**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284-0042

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Jeffrey Lane Flake**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : BEAAF9548935F5C6BF9**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeff Fortenberry for United States Congress**

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Jeffrey Lane Fortenberry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : D8A42A0961145137B2D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John Carney for Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Charles Carney Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DE District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : 4ABD08697B1B5380305**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. John Carney for Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Charles Carney Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DE District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : 9DDA32120E6DCCD4448**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John Carter for Congress**

Mailing Address 1717 North Ih-35  
Suite 304

City Round Rock State TX Zip Code 78664

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John R. Carter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 31

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : 152A964DBFECB437D6A**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. John Lewis for Congress**

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John Robert Lewis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

**Transaction ID : A8B9C6B67557A68CCB7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Judy Chu for Congress**

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Judy May Chu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : ED899E07A403ACA53F7**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Julia Brownley for Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			02			2015			

**Transaction ID : F7AF925B178EAFDB773**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kevin Owen McCarthy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			06			2015			

**Transaction ID : 8A2E0B5E99F16DAA0AA**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ronald James Kind**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			02			2015			

**Transaction ID : 8E0A9417B7629575CF0**

Amount of Each Disbursement this Period

1000.00
---------

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

7000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Adam Daniel Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

Transaction ID : C4ED1C8DF0D45701754

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

Transaction ID : 2FE41791CA8156E2CE6

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Kurt Schrader**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2015

Transaction ID : 1CB9DBC08AA38123FAD

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : 81EACF6E00C0C984E8B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

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

**Transaction ID : B9A190C8EB96E69BD7E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
2016 General

011

Candidate Name

**Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2015

**Transaction ID : 1C267A3F328CCDB39C0**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lofgren for Congress**

Mailing Address C/O Contribution Solutions, Llc  
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name  
**Zoe Lofgren**

Office Sought:  House  
 Senate  
 President  
State: CA District: 19

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : 89A24ECE4D3CD276FAC**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Lucas for Congress**

Mailing Address PO Box 1726

City Oklahoma City State OK Zip Code 73101-1726

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name  
**Frank Dean Lucas**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2015

**Transaction ID : 8318F90C00DBABFA301**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Luke Messer for Congress**

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name  
**Allan Lucas Messer**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 3450DD4C0F9D8D5692E**

Amount of Each Disbursement this Period

2500.00

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

7000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Lynn Michelle Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

**Transaction ID : 5A26AC95A4A9976260F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Marcia Fudge for Congress**

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Marcia Louise Fudge**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : 10EFD0DE9261D2BB6BA**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Mario Diaz-Balart for Congress**

Mailing Address 8770 SW 72nd Street  
# 420

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Mario Rafael Diaz-Balart**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 25

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

**Transaction ID : 2AB1A3BBBFBB8D0A587**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. McHenry for Congress**

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

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

**Transaction ID : 1C9FD1FDF9B3C779C17**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Mike Bost for Congress Committee**

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael J. Bost**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

**Transaction ID : 189289F70C797925F3F**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Mike Bost for Congress Committee**

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael J. Bost**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

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

**Transaction ID : DA667CAC372B80B7F2C**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Michael Dean Crapo**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

**Transaction ID : DC9DCE2B6C7B8597CF9**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Michael Dean Crapo**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

**Transaction ID : F39DCA062B845195609**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Michael Dean Crapo**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : 8C3B2CBD2087B8AF6B0**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Montanans for Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2018 General

011

Candidate Name

**Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

**Transaction ID : 8C8AF627AB2C6D13E55**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Montanans for Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2018 General

011

Candidate Name

**Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

**Transaction ID : B5D59F672C6CE1F5785**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Moore for Congress**

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gwendolynne Sophia Moore**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2015

**Transaction ID : E0AEFD778E032394DEA**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

--



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Paul Tonko for Congress**

Mailing Address 911 Central Avenue  
# 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Paul David Tonko**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : A7A62B5158D3EC4A4B1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 574D67F88D0A90571DC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 960C5377FE1183DB14C**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patricia Lynn Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : 9393B30393D95299FB3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. People for Pearce**

Mailing Address PO Box 2696

City State Zip Code  
Hobbs NM 88241-2696

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stevan Edward Pearce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : A802E735DA1B1A8318A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Perdue for Senate**

Mailing Address 3110 Maple Drive NE Suite 400

City State Zip Code  
Atlanta GA 30305-2650

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**David Alfred Perdue Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : 5542F28FDACB7EE6F25**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Edwin George Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : D66068CF747EDFD6271

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pete Sessions for Congress**

Mailing Address PO Box 823047

City State Zip Code  
Dallas TX 75382-3047

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Peter Anderson Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : D0FDD31459E1D47518

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Peters for Michigan**

Mailing Address PO Box 226

City State Zip Code  
Bloomfield Hills MI 48303

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Gary Charles Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : F4FB8205FCEBC70AF09

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Poliquin for Congress**

Mailing Address PO Box 50

City: Oakland State: ME Zip Code: 04963

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Bruce Lee Poliquin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : E7A61B91D306459A0E6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Poliquin for Congress**

Mailing Address PO Box 50

City: Oakland State: ME Zip Code: 04963

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Bruce Lee Poliquin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Transaction ID : 1EBDAC259E36445B664

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Price for Congress**

Mailing Address PO Box 425

City: Roswell State: GA Zip Code: 30077

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

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

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : 873B7EFCC016048D07B

Amount of Each Disbursement this Period

1000.00

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

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Quigley for Congress**

Mailing Address 2652 N Southport Avenue  
Unit E

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Michael Quigley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : B6E5AD6ADE27196E0C9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Randy Hultgren for Congress**

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174-0717

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Randall Mark Hultgren**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2015

Transaction ID : 57FA80CA86CBFBF302

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Randy Hultgren for Congress**

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174-0717

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Randall Mark Hultgren**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

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

Transaction ID : 56EDE96D3E7C7B21F91

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richmond for Congress**

Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement  
2016 Primary

Candidate Name

**Cedric Levon Richmond**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

**Transaction ID : 51C2CD52FC35599EF38**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rob Woodall for Congress**

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement  
2014 General

Candidate Name

**Robert Woodall**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2015

**Transaction ID : EA7EF4133C72A148025**

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

**C. Rob Woodall for Congress**

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement  
2016 Primary

Candidate Name

**Robert Woodall**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : A7DCBF5871970D7C645**

Amount of Each Disbursement this Period

1000.00

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robert Hurt for Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531-0008

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name  
**Robert Hurt**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8B1246E5EF981DC857F**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Robin Kelly for Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name  
**Robin Lynne Kelly**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 47E46E08DE168F30E7B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name  
**Rodney Lee Davis**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 98CAFDEE12B2681486C**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Rodney Lee Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 9225604B86DE27A04AD**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Roger Williams for U S Congress Committee**

Mailing Address PO Box 91061

City Austin State TX Zip Code 78709-1061

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Roger Williams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

**Transaction ID : C4216E21E3A3911C0C3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Ron Johnson for Senate Inc**

Mailing Address 219 E Washington Ave  
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Ronald H. Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

**Transaction ID : AFED5F8FA137385D26B**

Amount of Each Disbursement this Period

1000.00

**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)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ron Johnson for Senate Inc**

Mailing Address 219 E Washington Ave  
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Ronald H. Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

/  /

**Transaction ID : C825DF84ADB587535D0**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Peter James Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

/  /

**Transaction ID : C559888D5AA2A015EDF**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Peter James Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

/  /

**Transaction ID : 58C8124555FB8946923**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rothfus for Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Keith James Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2015

**Transaction ID : 12C35327392DCFEC1AB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rounds for Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501-0250

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**M. Michael Rounds**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

**Transaction ID : 92C4D100E036AB8EB64**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Royce Campaign Committee**

Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834-3249

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Edward Randall Royce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 6A408D293839F29392E**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Royce Campaign Committee**

Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834-3249

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Edward Randall Royce**

Office Sought:  House  
 Senate  
 President  
State: CA District: 39

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 911963D37C4F8F25EB3**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Royce Campaign Committee**

Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834-3249

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name

**Edward Randall Royce**

Office Sought:  House  
 Senate  
 President  
State: CA District: 39

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 3EDDD902FC14B04F50D**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Salmon for Congress**

Mailing Address PO Box 1290

City Mesa State AZ Zip Code 85211-1290

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Matthew James Salmon**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : CE18AFF5FA160AFD377**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Scalise for Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183-3219

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stephen Joseph Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

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

**Transaction ID : 74ECDAD87E3E9D62C97**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Schock for Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Aaron Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

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

**Transaction ID : 11D9E6322B7343F0C62**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Scott Garrett for Congress**

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Scott Garrett**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

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

**Transaction ID : 19886B5343E81B39C04**

Amount of Each Disbursement this Period

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

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

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

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Scott Peters for Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Scott H. Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 50EAA5D419CA02B8866**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Shelby for U S Senate**

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Richard Craig Shelby**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

**Transaction ID : B119C2239DA3C866B12**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Shelby for U S Senate**

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Richard Craig Shelby**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : D0D0B1DEFBCAF416416**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Shelby for U S Senate**

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement  
2016 General

011

Candidate Name

**Richard Craig Shelby**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

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

**Transaction ID : 51ED08BC0A26990B64C**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Stephen Lynch for Congress**

Mailing Address 105 Farragut Rd

City South Boston State MA Zip Code 02124

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stephen Francis Lynch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

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

**Transaction ID : C721EB3F7328A957A0B**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Stephen Lynch for Congress**

Mailing Address 105 Farragut Rd

City South Boston State MA Zip Code 02124

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stephen Francis Lynch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

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

**Transaction ID : BD9016CB2F2431A8B5A**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Steve Cohen for Congress**

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stephen I. Cohen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2015

Transaction ID : B0532DCFBF1B00E6DD7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Steve Stivers**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : 11ACC117541FF512F3C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Steve Stivers**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2015

Transaction ID : 0A043171F38E3C02880

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stutzman for Senate**

Mailing Address PO Box 129

City Howe State IN Zip Code 46746

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Marlin Andrew Stutzman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

**Transaction ID : 619198886517C2B533C**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Stutzman for Senate**

Mailing Address PO Box 129

City Howe State IN Zip Code 46746

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Marlin Andrew Stutzman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

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

**Transaction ID : 593A5DE66319550445E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Tammy Baldwin for Senate**

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Tammy S. Baldwin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

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

**Transaction ID : 8E45F8E772CCA80E3C0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tammy Baldwin for Senate**

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Tammy S. Baldwin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015

Transaction ID : 59ECBA298C9111C8258

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Terri Sewell for Congress**

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Terri Andrea Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : 3C36D2E9F00ADCBF483

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Texans for Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Henry Roberto Cuellar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2015

Transaction ID : 9F751190D544A7BFB7A

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Patrick Joseph Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : 4896278709058D045B6**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Timothy Eugene Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : 4DF3EB262645E14A4D0**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Upton for All of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Fredrick Stephen Upton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : 2F1DF371A6F6A5C76F5**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Van Hollen for Congress**

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Christopher Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : 0234487BD1C6053F96E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Van Hollen for Congress**

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Christopher Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015

**Transaction ID : C772F7EAB0B51CA77AB**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Van Hollen for Congress**

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Christopher Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2015

**Transaction ID : E725BC2D57F4501797B**

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**State Farm Mutual Automobile Insurance Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vargas for Congress**

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Juan Carlos Vargas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 257976D7053F3DD60EF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Vargas for Congress**

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Juan Carlos Vargas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

**Transaction ID : A927D740F55A87162C4**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

**Transaction ID : D11B8ABC1E9687282FF**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

282000.00