

**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"/> 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. 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : 82464C4DFD24433F8605**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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