

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

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

FOR LINE NUMBER: PAGE 20 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Kazi, Awan, , ,

Mailing Address 18994 Bryant Rd

City

Lake Oswego

State

OR

Zip Code

97034-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

State Farm

Occupation (for Individual)

Sales Leader

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2020

Transaction ID : 4A039E20711628FD9126

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Keating, Michael T, , ,

Mailing Address 9 Rose Trce

City

Saratoga Spgs

State

NY

Zip Code

12866-6537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

State Farm

Occupation (for Individual)

Vpo

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2020

Transaction ID : 4DCF88E9695F3D403F1B

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Korgan, Malyka, , ,

Mailing Address 11052 Cimarron St

Unit B

City

Firestone

State

CO

Zip Code

80504-6682

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

State Farm Agent

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2020

Transaction ID : 2020052211135-8

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

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