

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

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

FOR LINE NUMBER: PAGE 21 OF 34

(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. Prusakowski, John, , ,**

Mailing Address 430 Volusia Ave

City  
OakwoodState  
OHZip Code  
45409-2344FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State FarmOccupation (for Individual)  
Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2019

Transaction ID : 4AD09439039C23085FD4

Amount of Each Receipt this Period

33.32

☐ Memo Item

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

**B. Rader, Andy, , ,**

Mailing Address 24 Derby Way

City  
BloomingtonState  
ILZip Code  
61704-2820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State FarmOccupation (for Individual)  
Vpo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2019

Transaction ID : 4A4FBC26C0BBA199390A

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**C. Ray, Bill, , ,**

Mailing Address 11 Pebblebrook Ct

City  
BloomingtonState  
ILZip Code  
61705-6300FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State FarmOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : 43F8828E88C758264892

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

208.32

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