

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)

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☒ 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. Wiltsey, Adam, , ,

Mailing Address 5421 Liz Ranch Rd

City
Cheyenne

State
WY

Zip Code
82007-1861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Farm

Occupation (for Individual)
Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2019

Transaction ID : C89454CA7E2243B3819A

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Wimmer, Russ, , ,

Mailing Address PO Box 1082

City
Medford

State
OR

Zip Code
97501-0079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
State Farm Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : 4E5EB9B1663FBC1A3F96

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Wold, Rory, , ,

Mailing Address 2102 Martin Dr

City
Medford

State
OR

Zip Code
97501-8137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
State Farm Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : 4814966300D69D9CFB76

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

400.00