

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

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

FOR LINE NUMBER: PAGE 15 OF 54

(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. Fletcher, Mike, , ,

Mailing Address 6509 Alderbrook Pl

City
McKinney

State
TX

Zip Code
75071-6884

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Farm

Occupation (for Individual)
Enterprise Tech Exec - 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 / 18 / 2019

Transaction ID : 4F849FC7FCB4296EC95C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Flexsenhar, Keith, , ,

Mailing Address 2003 Stone Mountain Blvd

City
Bloomington

State
IL

Zip Code
61704-8483

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Farm

Occupation (for Individual)
Director

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 / 2019

Transaction ID : 1E377751FEE64102BD19

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Flynn, Eileen, , ,

Mailing Address 3000 Blackthorn Dr

City
Prosper

State
TX

Zip Code
75078-0567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Farm

Occupation (for Individual)
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 / 12 / 2019

Transaction ID : 4C18B4F2587E49A5F3EB

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

2100.00