

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

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

FOR LINE NUMBER: PAGE 30 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 (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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2020

Transaction ID : 434DAF619E7AC68AC718

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2020

Transaction ID : 44FC9FE1D8EED184428F

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Kenney, Ryan, , ,

Mailing Address 3800 Amaryllis Ct

City

Columbia

State

MO

Zip Code

65203-6125

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
04 / 02 / 2020

Transaction ID : 4EA9A087C8132231D161

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

450.00