

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

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

FOR LINE NUMBER: PAGE 45 OF 67

(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. Rader, Andy, , ,

Mailing Address 24 Derby Way

City
Bloomington

State
IL

Zip Code
61704-2820

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2020

Transaction ID : 48EF99051E88522B53B0

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Rebholz, Rich, , ,

Mailing Address 33 Conway Cir

City
Bloomington

State
IL

Zip Code
61704-8286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Farm

Occupation (for Individual)
Vp-Investment Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

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

Transaction ID : B2B995C2-F321-4D39-

Amount of Each Receipt this Period

2750.00

☐ Memo Item

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

C. Remmes, Michael, , ,

Mailing Address 604 1/2 Oglesby Ave

City
Normal

State
IL

Zip Code
61761-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Farm

Occupation (for Individual)
Innovation Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 8E60463F-C5F3-4174-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3875.00