

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

ADDRESS (number and street) One State Farm Plaza
c/o Mark Schwamberger, Treasurer,
Bloomington IL 61710-0001
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00544817
3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2014 through 04 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mark Schwamberger
Signature of Treasurer Mark Schwamberger [Electronically Filed] Date 05 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="245660.00"/>	<input type="text" value="245660.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="306995.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="144625.00"/>	<input type="text" value="286975.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="451620.00"/>	<input type="text" value="532635.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39505.00"/>	<input type="text" value="120520.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="412115.00"/>	<input type="text" value="412115.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	144625.00	286975.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	144625.00	286975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	144625.00	286975.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	144625.00	286975.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	144625.00	286975.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5.00	20.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39500.00	120500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39505.00	120520.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39505.00	120520.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	144625.00	286975.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	144625.00	286975.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5.00	20.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	20.00

**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)	PAGE 6 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Steve Aguilar
Full Name (Last, First, Middle Initial)

Mailing Address 717 Pendragon Ct

City Franklin State TN Zip Code 37067-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation OVP - CLAIMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
04 / 07 / 2014
Transaction ID : C024A37B771D4707A923

Amount of Each Receipt this Period
2500.00

B. Craig F. Allen
Full Name (Last, First, Middle Initial)

Mailing Address 3485 N 1600 East Rd

City Heyworth State IL Zip Code 61745-9103

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VICE PRESIDENT AGENCY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
04 / 08 / 2014
Transaction ID : 09D85359FFF9474DA91E

Amount of Each Receipt this Period
1500.00

C. Robin L. Ambrose
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Brougham St

City Normal State IL Zip Code 61761-4854

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AVP - SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 03 / 2014
Transaction ID : 8FB22AD7AE6E47018DA5

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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

**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)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Victor L. Anger
Full Name (Last, First, Middle Initial)

Mailing Address 43149 Tall Pines Ct

City Ashburn State VA Zip Code 20147-6601

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
04 / 15 / 2014
Transaction ID : F324AA4B45B94262B547

Amount of Each Receipt this Period
1500.00

B. Michael Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 1 Chloe Ct

City Bloomington State IL Zip Code 61704-8666

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
04 / 15 / 2014
Transaction ID : 8431C86C178F4688892C

Amount of Each Receipt this Period
1500.00

C. Sandy Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 43 Stonebrook Ct

City Bloomington State IL Zip Code 61704-4156

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation ISD VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
04 / 29 / 2014
Transaction ID : BF369B3595FA4456BB62

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

**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)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Dean Barry
Full Name (Last, First, Middle Initial)

Mailing Address 280 W Renner Rd
Apt 3811

City Richardson State TX Zip Code 75080-1359

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1525.00

Date of Receipt
04 / 15 / 2014
Transaction ID : 5E0BA95623274BAB89E6

Amount of Each Receipt this Period
1525.00

B. Art Beckman
Full Name (Last, First, Middle Initial)

Mailing Address 3 Silverberry Ct

City Bloomington State IL Zip Code 61704-4701

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
04 / 28 / 2014
Transaction ID : D01F3D38A151471BB82B

Amount of Each Receipt this Period
1500.00

C. Nancy Behrens
Full Name (Last, First, Middle Initial)

Mailing Address 14995 E 2550 North Rd

City Hudson State IL Zip Code 61748-9068

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP-LIFE/HEALTH & MUTUAL FUNDS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 29 / 2014
Transaction ID : AD11D79A797C4246A3D5

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5525.00

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

**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)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. David Beigie
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Fiona Way

City Bloomington State IL Zip Code 61704-7011

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP - PUBLIC AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
04 / 01 / 2014
Transaction ID : **9E8BC72CD4A44157B9CC**

Amount of Each Receipt this Period
2750.00

B. Kelly L. Bever
Full Name (Last, First, Middle Initial)

Mailing Address 13 Caladonia Ct

City Bloomington State IL Zip Code 61704-4185

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
04 / 22 / 2014
Transaction ID : **5C532DF51D8A4C29B9A9**

Amount of Each Receipt this Period
1500.00

c. Greg F. Black
Full Name (Last, First, Middle Initial)

Mailing Address 1904 Crestmoor Cove Cc Ct

City Normal State IL Zip Code 61761-5362

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AVP - RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 18 / 2014
Transaction ID : **9D61810378374F0C8D1E**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5250.00

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

**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)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Rendi R. Black
Full Name (Last, First, Middle Initial)

Mailing Address 6208 Avalon Woods Dr

City McKinney State TX Zip Code 75070-8788

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 5418BEA89B3D416DAA37

Amount of Each Receipt this Period
 1500.00

B. Debra G. Boblitt
Full Name (Last, First, Middle Initial)

Mailing Address 1008 Monroe Ln

City Brentwood State TN Zip Code 37027-8480

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014
Transaction ID : D771A146059441FA80E0

Amount of Each Receipt this Period
 4000.00

C. Robert Brown
Full Name (Last, First, Middle Initial)

Mailing Address 6 Pin Oak Dr

City Chadds Ford State PA Zip Code 19317-7387

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : CEB92C4D64C5442A810A

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

**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)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. John J. Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 2212 Tyler Trl
 City Bloomington State IL Zip Code 61705-8754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation AVP - L/H SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : 76F3DA1555C8469E8962
 Amount of Each Receipt this Period
 750.00

B. Mark H. Cockerham
 Full Name (Last, First, Middle Initial)
 Mailing Address 7930 Oakbrook Dr
 City Baton Rouge State LA Zip Code 70810-1808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation VP-AGENCY/SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : 633DBF6420A74560A167
 Amount of Each Receipt this Period
 1500.00

C. Tom M. Conley
 Full Name (Last, First, Middle Initial)
 Mailing Address 29301 Whitingham Ct
 City Agoura Hills State CA Zip Code 91301-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : DC8CA495045F4C7C8952
 Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Ethan Evans
Full Name (Last, First, Middle Initial)

Mailing Address 507 S Moore St

City Bloomington State IL Zip Code 61701-5748

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

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 / 29 / 2014
Transaction ID : 17E5E88F610B441F9639

Amount of Each Receipt this Period
1000.00

B. Virginia C. Gonzales
Full Name (Last, First, Middle Initial)

Mailing Address 917 Marcassin Dr

City Columbia State MO Zip Code 65201-7237

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation 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 / 17 / 2014
Transaction ID : 66EA45AEDFC142CEBAED

Amount of Each Receipt this Period
1500.00

C. Dawn E. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 2 Saint Ivans Cir
Unit 100

City Bloomington State IL Zip Code 61705-9405

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation ISD EXECUTIVE LEAD

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 / 08 / 2014
Transaction ID : 70618562935147B6AEF4

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

**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)	PAGE 13 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Denise J. Hardin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1807 Hackberry Rd
 City Bloomington State IL Zip Code 61704-2778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation VP - CCC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : 87577FEF8D194A099053
 Amount of Each Receipt this Period
 2500.00

B. Mike J. Hargis
 Full Name (Last, First, Middle Initial)
 Mailing Address 14501 Falcon Head Blvd Unit 43
 City Bee Cave State TX Zip Code 78738-6696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation AREA VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : DC169F89F7584641BD52
 Amount of Each Receipt this Period
 2500.00

C. Wensley J. J. Herbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 Wakefield Ln
 City Bloomington State IL Zip Code 61704-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation VPO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 4EDA62D3D3664E1AB185
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. David C. Hernandez
Full Name (Last, First, Middle Initial)

Mailing Address 12613 Holland Park St

City Bakersfield State CA Zip Code 93312-5755

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : FC436EA687404BBA9C7E

Amount of Each Receipt this Period
 1600.00

B. Rod R. Hoff
Full Name (Last, First, Middle Initial)

Mailing Address 2805 Blarney Stone Ln

City Bloomington State IL Zip Code 61704-8452

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO - COMPENSATION & BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : CCF645DA9C564CFA9338

Amount of Each Receipt this Period
 1500.00

C. Arlene Dresch D. Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 11908 47th Avenue Ct NW

City Gig Harbor State WA Zip Code 98332-7914

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : B5982DC1E4DC426B8429

Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7100.00

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

**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)	PAGE 15 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Rita N. Howard
Full Name (Last, First, Middle Initial)
Mailing Address 15903 Amis Ct
City Austin State TX Zip Code 78734-2650
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation VP - AGENCY/SALES SERVICES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1600.00

Date of Receipt 04 / 07 / 2014
Transaction ID : 70644F1EC9C34C89A79A
Amount of Each Receipt this Period 1600.00

B. Patty L. Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 5003 Old Stump Dr NW
City Gig Harbor State WA Zip Code 98332-7801
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation VP-AGENCY/SALES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 04 / 02 / 2014
Transaction ID : 73B5B825B8CE4742A0A6
Amount of Each Receipt this Period 1500.00

C. Heath Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 586 Founders Park Dr W
City Hoover State AL Zip Code 35226-4145
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation VP-AGENCY/SALES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 07 / 2014
Transaction ID : A31C9209BBB9409C8D87
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... 3600.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Dan J. Krause
Full Name (Last, First, Middle Initial)

Mailing Address 18399 Kingsmill St

City Leesburg State VA Zip Code 20176-3948

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AREA VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : 16073531639247AC86E0

Amount of Each Receipt this Period
 3000.00

B. Susan A. Krieger
Full Name (Last, First, Middle Initial)

Mailing Address 32 Keswick Dr

City New Albany State OH Zip Code 43054-8076

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : EEEA9FF6494A4926A206

Amount of Each Receipt this Period
 1500.00

C. John E. Langcuster
Full Name (Last, First, Middle Initial)

Mailing Address 124 Bridgewater Xing

City Ridgeland State MS Zip Code 39157-8603

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : 45F50F5F31EF4D9CBEE9

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	4750.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Jim E. Larson
Full Name (Last, First, Middle Initial)

Mailing Address 12 Bent Tree Ln

City Towanda State IL Zip Code 61776-7512

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AVP - ACCTNG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : 4E1BED858BE8473AA779

Amount of Each Receipt this Period
 1000.00

B. Chris J. Lasky
Full Name (Last, First, Middle Initial)

Mailing Address 3211 Baer Rd

City Bloomington State IL Zip Code 61704-7003

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AVP - ADMINISTRATIVE SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : EACF8445112B4217AF0B

Amount of Each Receipt this Period
 1200.00

C. Carolyn A. Lee
Full Name (Last, First, Middle Initial)

Mailing Address 54 Country Club Rd SW

City Lakewood State WA Zip Code 98498-5315

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AREA VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : 21539AB698E44BC19ACC

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4700.00

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

**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)	PAGE 18 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Julie S. Maloy
Full Name (Last, First, Middle Initial)

Mailing Address 2946 Daventry Ln

City State Zip Code
Charlottesville VA 22911-5778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE FARM VP-AGENCY/SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : DC09B31B013C4B5BADE5

Amount of Each Receipt this Period
1500.00

B. Kevin H. McKay
Full Name (Last, First, Middle Initial)

Mailing Address 10 Brookridge Ct

City State Zip Code
Bloomington IL 61704-6293

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE FARM SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 68157D93210449D4BE15

Amount of Each Receipt this Period
4000.00

C. Ken Meek
Full Name (Last, First, Middle Initial)

Mailing Address 6 Kilborn Ct

City State Zip Code
Bloomington IL 61704-7001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE FARM AVP BANK PRODUCTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 5882FDE0F91B47139E7E

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

**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)	PAGE 19 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Brad D. Montgomery
Full Name (Last, First, Middle Initial)
Mailing Address 11096 Sanandrew Dr
City New Market State MD Zip Code 21774-6707
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation VP - AGENCY/SALES SERVICES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **04 / 28 / 2014**
Transaction ID : D2DCDA9F66994F1B83C0
Amount of Each Receipt this Period **1500.00**

B. Wayne W. Montney
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Woodbine Rd
City Bloomington State IL Zip Code 61704-2812
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **04 / 09 / 2014**
Transaction ID : B5CD21A4DCB7495BBFE9
Amount of Each Receipt this Period **750.00**

C. Julia M. Muscott
Full Name (Last, First, Middle Initial)
Mailing Address 305 Majestic Cv
City Milton State GA Zip Code 30004-4568
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM Occupation OVP - UNDERWRITING
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 18 / 2014**
Transaction ID : 8FBF1510A1864BA9AD99
Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional)..... **4250.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Craig P. Nadziejka
Full Name (Last, First, Middle Initial)

Mailing Address 220 Dorris Ct

City Hudson Oaks State TX Zip Code 76087-8855

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation OVP - CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : **0EA4FEB0F71D4CA98369**

Amount of Each Receipt this Period
 1500.00

B. Kurt T. Oleson
Full Name (Last, First, Middle Initial)

Mailing Address 7 Chloe Ct

City Bloomington State IL Zip Code 61704-8666

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP - FINANCIAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : **5C461FE01BC84F2C8466**

Amount of Each Receipt this Period
 1700.00

C. Dick K. Paul
Full Name (Last, First, Middle Initial)

Mailing Address 3611 Armstrong Dr

City Bloomington State IL Zip Code 61704-2837

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP-LIFE/HEALTH & MUTUAL FUNDS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : **E2B8AF5F8D0446E0B071**

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5700.00

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

**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)	PAGE 21 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael T. T. Payne		Date of Receipt
Mailing Address 2503 Riverwoods Ln		M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
City	State	Zip Code
Bloomington	IL	61705-8760
FEC ID number of contributing federal political committee. C		Transaction ID : 3FE05182704B40F4A796
Name of Employer STATE FARM		Amount of Each Receipt this Period
Occupation EXECUTIVE ASST		1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1500.00	

Full Name (Last, First, Middle Initial) B. Louise L. Perrin		Date of Receipt
Mailing Address 333 N Canal St Apt 2304		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2014
City	State	Zip Code
Chicago	IL	60606-1497
FEC ID number of contributing federal political committee. C		Transaction ID : 5A9D5E3E127849809370
Name of Employer STATE FARM		Amount of Each Receipt this Period
Occupation SENIOR VICE PRESIDENT		4000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	4000.00	

Full Name (Last, First, Middle Initial) C. Scott A. Rassi		Date of Receipt
Mailing Address 2101 Foxtail Rd		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2014
City	State	Zip Code
Bloomington	IL	61704-1515
FEC ID number of contributing federal political committee. C		Transaction ID : 85E67793BECE46D78814
Name of Employer STATE FARM		Amount of Each Receipt this Period
Occupation OVP - ISD		2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. John T. Raube
Full Name (Last, First, Middle Initial)

Mailing Address 1 Rockford Crossing Dr

City Kennett Sq State PA Zip Code 19348-1360

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP-AGENCY/SALES

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 / 21 / 2014

Transaction ID : E9D1E582EDBF4F9B2A

Amount of Each Receipt this Period
 1500.00

B. Javier A. Rey
Full Name (Last, First, Middle Initial)

Mailing Address 5320 N 25th St

City Phoenix State AZ Zip Code 85016-3608

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation 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 / 18 / 2014

Transaction ID : 243808E09901474EB5E5

Amount of Each Receipt this Period
 1500.00

c. Chris C. Roark
Full Name (Last, First, Middle Initial)

Mailing Address 3703 Yellowstone Dr

City Normal State IL Zip Code 61761-9511

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation PROJECT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : AE636FCBC5994AB9BAD5

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

**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)	PAGE 23 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Trish E. Roark
 Full Name (Last, First, Middle Initial)
 Mailing Address 3703 Yellowstone Dr
 City Normal State IL Zip Code 61761-9511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation OVP - ISD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : 996869018611481F9695
 Amount of Each Receipt this Period
 2500.00

B. John D. Robertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Red Stone Ct
 City Bloomington State IL Zip Code 61704-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation AVP - STRATEGIC RESOURCES
 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 / 10 / 2014
Transaction ID : 774715BA88644D25A0BF
 Amount of Each Receipt this Period
 1000.00

C. Theresa B. Royster
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Jasmine Ct
 City Malvern State PA Zip Code 19355-3356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation AREA VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : 8C5E47C15E3C43BDDBC13
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Michele C. Russo
Full Name (Last, First, Middle Initial)

Mailing Address 10 Stony Brook Dr

City State Zip Code
Saratoga Springs NY 12866-6445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE FARM VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2014
Transaction ID : 6ADD35D90A9845BFAD22

Amount of Each Receipt this Period
1500.00

B. Ed B. Rust
Full Name (Last, First, Middle Initial)

Mailing Address 16 Downing Cir

City State Zip Code
Bloomington IL 61704-7619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE FARM CHAIRMAN & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2014
Transaction ID : D2F9A2DCFF394C8E9B3C

Amount of Each Receipt this Period
5000.00

C. Sarah E. Rust
Full Name (Last, First, Middle Initial)

Mailing Address 16 Downing Cir

City State Zip Code
Bloomington IL 61704-7619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOME MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2014
Transaction ID : 468A40FD19B545F596A3

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11500.00

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

**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)	PAGE 25 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Rusty J. Schopp
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Woodbine Rd
 City Bloomington State IL Zip Code 61704-2813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation AVP - ACCTNG
 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 / 18 / 2014
Transaction ID : C3BD7A4502034EB0819C
 Amount of Each Receipt this Period
 1000.00

B. Cathy Schwamberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Lakeside Way
 City Folsom State CA Zip Code 95630-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL
 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 / 02 / 2014
Transaction ID : 212C3B5D0B3C44C28258
 Amount of Each Receipt this Period
 1000.00

C. Mark Schwamberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Fox Creek Rd
 City Towanda State IL Zip Code 61776-7564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation VP-FINANCIAL OPS & CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : 55F6C2D03E9A4035962F
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Suzanne L. Shambrook
 Full Name (Last, First, Middle Initial)
 Mailing Address 4055 N Recker Rd
 Unit 71
 City Mesa State AZ Zip Code 85215-7795
 Name of Employer STATE FARM Occupation VP-AGENCY/SALES ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 28 / 2014
Transaction ID : E82AA243DA4742398A5D
 Amount of Each Receipt this Period 1500.00

B. Barney Shultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6926 N Upper Skyline Dr
 City Peoria State IL Zip Code 61614-2220
 Name of Employer STATE FARM Occupation VICE PRESIDENT - COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 04 / 08 / 2014
Transaction ID : C8F3D7A076BB4C5BB884
 Amount of Each Receipt this Period 1750.00

C. Carra J. Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Derby Way
 City Bloomington State IL Zip Code 61704-2821
 Name of Employer STATE FARM Occupation VP- LEARNING & DVLPMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 18 / 2014
Transaction ID : F19DBCA916A641168A3F
 Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Mike J. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 507 Ironwood Cc Dr

City Normal State IL Zip Code 61761-5270

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation PRESIDENT & CEO - SFFSB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : E3165F813A464C79BB18

Amount of Each Receipt this Period
 4000.00

B. Paul Smith
Full Name (Last, First, Middle Initial)

Mailing Address 37 Country Club Pl

City Bloomington State IL Zip Code 61701-3443

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation EVP, TREASURER AND CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 59CDAA75931C4192BB32

Amount of Each Receipt this Period
 5000.00

C. Roberta F. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 6555 E 850 North Rd

City Stanford State IL Zip Code 61774-9587

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AVP - SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : 53BF7D2172A1435C9932

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9500.00

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

**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)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Lisa E. Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 2271 Jumper Knoll Dr
 City Medina State OH Zip Code 44256-6398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation VP-AGENCY/SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : 938163656D284545818E
 Amount of Each Receipt this Period
 1500.00

B. Ron B. Thein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1708 Setter St
 City Normal State IL Zip Code 61761-5632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation AVP - PLANNING & ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 05A7D70089A148799F4A
 Amount of Each Receipt this Period
 1000.00

c. Carla C. VanDongen
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Bent Tree Ln
 City Towanda State IL Zip Code 61776-7511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014
Transaction ID : E45601FDDA50474790C7
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael S. Wang

Mailing Address 336 Cottswald Ct

City Danville State CA Zip Code 94506-2088

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation VP - AGENCY/SALES SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : 1F903D53125840FBB1C2

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
B. Bob L. Watkins

Mailing Address 8 Burgundy Ct

City Bloomington State IL Zip Code 61704-8372

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 8EF3111C7B0D4F26BE61

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
C. Andy P. Wieduwilt

Mailing Address 2004 Sinclair Ct

City Bloomington State IL Zip Code 61704-4591

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation AVP - HEALTH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : C9B4BEB98A454D69BE31

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

**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 39
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
State Farm Mutual Automobile Insurance Company Federal Political Action Committee

A. Full Name (Last, First, Middle Initial)
Robert H. Yi

Mailing Address 3616 Tahoe Ct

City Normal State IL Zip Code 61761-9573

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE FARM Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
04 / 08 / 2014
Transaction ID : DCDC76CA38BF4E45B8E1

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	144625.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alaskans for Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mark Peter Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

Transaction ID : C45A24833A5C4D72A60

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Primary

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

Transaction ID : AAAC239C3C6EE0AEDD1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Andre Carson for Congress

Mailing Address PO Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
2014 Primary

011

Candidate Name

Andre D. Carson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	4

Transaction ID : B1D642E060096F34398

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Wagner for Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ann L. Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	4

Transaction ID : F4183746AA767CDDFF8

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Bill Shuster for Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
2014 Primary

011

Candidate Name

William F. Shuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : DC8575CA9264D8288E5

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement
2014 General

011

Candidate Name

Eric Ivan Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

Transaction ID : C2372147AE1FDE5F486

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cole for Congress

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas Jeffery Cole

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

Transaction ID : E828625E3D7C122828B

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
2014 Primary

011

Candidate Name

Susan Margaret Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : 71F94234FD61D5C13ED

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Henry Hank Johnson

Mailing Address 4153 Flat Shoals Parkway
Suite 322, Building C, 2nd Floor

City Decatur State GA Zip Code 30034

Purpose of Disbursement
2014 Primary

011

Candidate Name

Henry C. Johnson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Transaction ID : C8D74ED15EC0CA6F334

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dan Lipinski for Congress

Mailing Address PO Box 520

City Western Springs State IL Zip Code 60558

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Daniel William Lipinski

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	4

Transaction ID : F6EAB1EEE5E498ABFFC

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Denny Heck for Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Dennis Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	4

Transaction ID : 8CC000E1047D22DF41F

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Bennie Thompson

Mailing Address PO Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Bennie G. Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	4

Transaction ID : F9014665983FAE3C888

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Cheri Bustos

Mailing Address PO Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Cheryl L. Bustos

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	4

Transaction ID : 46172E428A1B86043DC

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Roy D. Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	6

Transaction ID : 59E156A7C43C6FE0862

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Kirk for Senate

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Mark Steven Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

Transaction ID : D1943BA12D649CDEAE1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
2014 Primary

Candidate Name

Kyrsten Sinema

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : EDBF807EFF4AC0801C7

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Marcia Fudge for Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118-3647

Purpose of Disbursement
2014 Primary

Candidate Name

Marcia L. Fudge

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 8959C7FB02E33E98286

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement
2014 Primary

Candidate Name

Mitch McConnell

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : CA08431971E4E725E51

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Palazzo for Congress

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement
2014 Primary

011

Candidate Name

Steven M. Palazzo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : 093DB36A8269F19EFF6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People for Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : E126B7878A7D487B7CD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas E. Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : 3165BFE7FA54078D9F8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robin Kelly for Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Robin L. Kelly

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	4

Transaction ID : 891A62B228BEE9E66DC

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Rodney for Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Rodney L. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	4

Transaction ID : 843D106447B4C8C2509

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : 5F05B6B4A91FF07C2CA

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stutzman for Congress

Mailing Address PO Box 129

City State Zip Code
Howe IN 46746

Purpose of Disbursement
2014 Primary

011

Candidate Name

Marlin Andrew Stutzman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 73BE33E934E9BCE3178

Amount of Each Disbursement this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement
2014 Primary

011

Candidate Name

Timothy Eugene Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : 006DDC848C6EC83F823

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

39500.00
