

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 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"/> 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. 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).....▶	