

**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 26 OF 33
	<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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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. Sherri Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 63rd Avenue Ct NW
 City Gig Harbor State WA Zip Code 98335-8455
 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
 03 / 24 / 2014
Transaction ID : AB925EDB05C6495EB530
 Amount of Each Receipt this Period
 1500.00

B. Carol Waldron
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 Berry Ln
 City Bloomington State IL Zip Code 61704-2790
 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
 03 / 21 / 2014
Transaction ID : B98A522971544AC9B9B8
 Amount of Each Receipt this Period
 1500.00

C. Cathy Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Derby Way
 City Bloomington State IL Zip Code 61704-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation CHIEF RISK OFFICER
 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
 03 / 26 / 2014
Transaction ID : 33065D8000B4461BA65A
 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).....	