

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 CITY STATE ZIP CODE
C C00544817
3. IS THIS REPORT NEW OR AMENDED
[X] (N) (A)

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)
[X] 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)
Election on MM/DD/YYYY in the State of
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
05/09/2013 through 06/30/2013

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 07/29/2013

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="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="107000.00"/>	<input type="text" value="107000.00"/>
(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="107000.00"/>	<input type="text" value="107000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7510.00"/>	<input type="text" value="7510.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="99490.00"/>	<input type="text" value="99490.00"/>
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).....	107000.00	107000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	107000.00	107000.00
(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)	107000.00	107000.00
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))..... ▶	107000.00	107000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	107000.00	107000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	10.00	10.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10.00	10.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
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)) ..	7510.00	7510.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7510.00	7510.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	107000.00	107000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107000.00	107000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10.00	10.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10.00	10.00

**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 21
	<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

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. 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
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : A12FE7E41C244D10B551

Amount of Each Receipt this Period
 2500.00

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 / D D / Y Y Y Y Y Y
 06 / 24 / 2013

Transaction ID : 4BBAD798A2BF4293A922

Amount of Each Receipt this Period
 4000.00

C. Kevin B. Callis
Full Name (Last, First, Middle Initial)

Mailing Address 10 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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
 06 / 17 / 2013

Transaction ID : 71BBF12D5CDF4D1BB95E

Amount of Each Receipt this Period
 1500.00

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 7 OF 21
	<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. Stephanie M. Colegrove
Full Name (Last, First, Middle Initial)

Mailing Address 4244 N Desert Oasis Cir

City Mesa State AZ Zip Code 85207-7246

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 ▼ 2500.00

Date of Receipt
06 / 20 / 2013
Transaction ID : **A15BA12E6A3D40B3944E**

Amount of Each Receipt this Period
2500.00

B. 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
06 / 27 / 2013
Transaction ID : **9AF94823C1E6463F967E**

Amount of Each Receipt this Period
4000.00

c. Mary E. Crego
Full Name (Last, First, Middle Initial)

Mailing Address 2110 Longwood Ln

City Bloomington State IL Zip Code 61704-8376

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 ▼ 5000.00

Date of Receipt
06 / 18 / 2013
Transaction ID : **BD7503F08F4C4D00ACD9**

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 8 OF 21
<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. Duane C. Farrington
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Worthington Ct
 City Bloomington State IL Zip Code 61704-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation EVP & CHIEF ADMIN OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 17 / 2013**
Transaction ID : 55289E95295E40798E8E
 Amount of Each Receipt this Period **5000.00**

B. Dianne M. Fleming
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5779
 City Bloomington State IL Zip Code 61702-5779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation VICE PRESIDENT - SYSTEMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 20 / 2013**
Transaction ID : 16D850A609D446DD8D36
 Amount of Each Receipt this Period **2500.00**

C. Shirley J. Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2409 Tiverton Dr
 City Bakersfield State CA Zip Code 93311-9380
 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 **06 / 25 / 2013**
Transaction ID : 6F0EE66289E0430F9DB5
 Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 21
<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. Julie J. Hancer
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Derby Way
 City Bloomington State IL Zip Code 61704-2820
 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
 06 / 20 / 2013
Transaction ID : 87BC066DEF8840428F5E
 Amount of Each Receipt this Period
 1500.00

B. Rand H. Harbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Sunset Rd
 City Bloomington State IL Zip Code 61701-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE FARM Occupation EVP CHF AGY SALES MKTG OFFICER
 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
 06 / 17 / 2013
Transaction ID : 33E8876349A14DBE8880
 Amount of Each Receipt this Period
 5000.00

C. 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 SALES
 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
 06 / 24 / 2013
Transaction ID : F1F7879723154645891B
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	9000.00
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 21
	<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. Linda K. Harper
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Cormier Dr

City	State	Zip Code
Bakersfield	CA	93311-2946

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
06	/	21	/	2013

Transaction ID : C37C74D5460E4EC0BA34

Amount of Each Receipt this Period
1500.00

B. Ken E. Heidrich
Full Name (Last, First, Middle Initial)

Mailing Address 8 Vellano Ct

City	State	Zip Code
Brentwood	TN	37027-8973

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

Name of Employer	Occupation
STATE FARM	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
06	/	26	/	2013

Transaction ID : 0A0FF9D763DE47949592

Amount of Each Receipt this Period
2500.00

C. Susan Q. Hood
Full Name (Last, First, Middle Initial)

Mailing Address 19556 Briar Dr

City	State	Zip Code
Bloomington	IL	61705-4034

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
06	/	28	/	2013

Transaction ID : B0E28798F75D4FA48F99

Amount of Each Receipt this Period
4000.00

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 11 OF 21
<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. Amy L. Isuani
Full Name (Last, First, Middle Initial)
Mailing Address 2803 Stevenson Dr
City Bloomington State IL Zip Code 61704-9115
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
06 / 28 / 2013
Transaction ID : 073EFBAB5BCE4F599305
Amount of Each Receipt this Period
1500.00

B. Dan E. Kinney
Full Name (Last, First, Middle Initial)
Mailing Address 221 Leland St
City Bloomington State IL Zip Code 61701-5643
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
M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013
Transaction ID : 7B76E66E1F3844EEA187
Amount of Each Receipt this Period
2500.00

C. Jennifer L. Kline
Full Name (Last, First, Middle Initial)
Mailing Address 7432 New Albany Links Dr
City New Albany State OH Zip Code 43054-6012
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
06 / 26 / 2013
Transaction ID : 8289339BB57841ECAFBD
Amount of Each Receipt this Period
2500.00

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: (check only one)	PAGE 12 OF 21
<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

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

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 / D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : 45EF06D8887A41E88936

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 51 Country Club Pl

City Bloomington State IL Zip Code 61701-3450

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

Name of Employer STATE FARM Occupation CHIEF COMPLIANCE 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
 05 / 23 / 2013
Transaction ID : 26ED5EEB07074EECB876

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. Tim P. McFadden

Mailing Address 5133 33rd St N

City Arlington State VA Zip Code 22207-1863

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 / D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : 2FD4824FD383425E8EB8

Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 21
<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. Steve McManus
Full Name (Last, First, Middle Initial)

Mailing Address 4 Derby Way

City Bloomington State IL Zip Code 61704-2820

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

Name of Employer STATE FARM Occupation VICE PRESIDENT - COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 13 / 2013
Transaction ID : 52B64DB2E8454F9B84EB

Amount of Each Receipt this Period 1500.00

B. Christy A. Moberly
Full Name (Last, First, Middle Initial)

Mailing Address 3700 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 SVP - AGENCY & MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 17 / 2013
Transaction ID : 554330EF371E40A58598

Amount of Each Receipt this Period 5000.00

C. Joe R. Monk
Full Name (Last, First, Middle Initial)

Mailing Address 3111 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 SVP&CAO-LIFE,VP-HLTH,MUTL FUND

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 21 / 2013
Transaction ID : 4658E866515A4AB59EE4

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:	PAGE 14 OF 21
	(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"/> 15
<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

Full Name (Last, First, Middle Initial) A. Brad D. Montgomery			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	24	/	2013									
Mailing Address 11096 Sanandrew Dr			Transaction ID : 5FCD931835324295811D										
City New Market	State MD	Zip Code 21774-6707	Amount of Each Receipt this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00									
1500.00													
FEC ID number of contributing federal political committee. C													
Name of Employer STATE FARM	Occupation VP - AGENCY/SALES SERVICES												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1500.00</td> </tr> </table>			1500.00									
1500.00													

Full Name (Last, First, Middle Initial) B. Kurt T. Oleson			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>28</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	28	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
05	/	28	/	2013									
Mailing Address 7 Chloe Ct			Transaction ID : 6E275F6F694145DFB0B4										
City Bloomington	State IL	Zip Code 61704-8666	Amount of Each Receipt this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00									
1500.00													
FEC ID number of contributing federal political committee. C													
Name of Employer STATE FARM	Occupation VP - FINANCIAL OPERATIONS												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1500.00</td> </tr> </table>			1500.00									
1500.00													

Full Name (Last, First, Middle Initial) C. Louise L. Perrin			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>17</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	17	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	17	/	2013									
Mailing Address 3489 N Shepard Ave			Transaction ID : 07F5750644A547BCAB8D										
City Milwaukee	State WI	Zip Code 53211-2928	Amount of Each Receipt this Period <table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00									
4000.00													
FEC ID number of contributing federal political committee. C													
Name of Employer STATE FARM	Occupation SENIOR VICE PRESIDENT												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>4000.00</td> </tr> </table>			4000.00									
4000.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>7000.00</td> </tr> </table>	7000.00
7000.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 21
	<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. Scott A. Rassi
Full Name (Last, First, Middle Initial)

Mailing Address 2101 Foxtail Rd

City Bloomington State IL Zip Code 61704-1515

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

Name of Employer STATE FARM Occupation OPERATIONS VICE PRESIDENT-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
 06 / 28 / 2013

Transaction ID : F6FC4D6633DC4976B30A

Amount of Each Receipt this Period
 2500.00

B. Rich A. Rebholz
Full Name (Last, First, Middle Initial)

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 STATE FARM Occupation VP-INVESTMENT OPERATIONS

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
 06 / 25 / 2013

Transaction ID : 6A17295983624382B937

Amount of Each Receipt this Period
 2500.00

c. Mary A. Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 2003 Foxtail Rd

City Bloomington State IL Zip Code 61704-1537

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

Name of Employer STATE FARM Occupation VP - HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2013

Transaction ID : 6121D991E2AF4CC280EE

Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00

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 16 OF 21
	<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. 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013

Transaction ID : 4756BC11B1204F8B95CD

Amount of Each Receipt this Period
 1500.00

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
 06 / 10 / 2013

Transaction ID : 52B346E5AF60486783F1

Amount of Each Receipt this Period
 5000.00

C. Tracy L. Sokol
Full Name (Last, First, Middle Initial)

Mailing Address 18587 Navajo Ln

City Hudson State IL Zip Code 61748-7520

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

Name of Employer STATE FARM Occupation VP - AUDITING

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
 05 / 23 / 2013

Transaction ID : C86DC57BCB6345E987E8

Amount of Each Receipt this Period
 1500.00

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 17 OF 21
	<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"/>	<input type="checkbox"/> 17

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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
06 / 24 / 2013
Transaction ID : CEDE6574F96947E9A528

Amount of Each Receipt this Period
1500.00

B. 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
05 / 29 / 2013
Transaction ID : 47822CB9A5094BDDBF8E

Amount of Each Receipt this Period
2500.00

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

Mailing Address 22 Paige Pl

City Bloomington State IL Zip Code 61704-8273

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

Name of Employer STATE FARM Occupation VICE PRESIDENT - MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
06 / 25 / 2013
Transaction ID : E4E89136DEE14FEE9702

Amount of Each Receipt this Period
1500.00

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 18 OF 21
<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"/>	<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 S. Wey
Full Name (Last, First, Middle Initial)

Mailing Address 19352 Briar Dr

City Bloomington State IL Zip Code 61705-4035

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

Name of Employer STATE FARM Occupation EVP PROPERTY & CASUALTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : 6E9A4181F30540A78D64

Amount of Each Receipt this Period
 5000.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	107000.00

**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. Friends of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

James E. Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

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

Transaction ID : 0D6155B03E328DDB34A

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Gary Miller for Congress

Mailing Address 721 S Brea Canyon Rd Ste 7

City Diamond Bar State CA Zip Code 91789

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Gary G. Miller

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : BA195CD5FCC7A88AA9B

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Hagan for US Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429-9103

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Kay R. Hagan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : BC18FA8256A8732C2EB

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. Himes for Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
2014 General

011

Candidate Name

James A. Himes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2013

Transaction ID : AA8A8483A2B93F998C3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
2014 Primary

011

Candidate Name

Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2013

Transaction ID : 31BFA0D2B9E1AD80F07

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
2016 General

011

Candidate Name

Michael D. Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2013

Transaction ID : E4196A9C9E1C30750C1

Amount of Each Disbursement this Period

1000.00

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

2500.00

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. Randy Hultgren for Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174-0717

Purpose of Disbursement
2014 Primary

011

Candidate Name

Randall M. Hultgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2013

Transaction ID : 7F4B5E605104E528770

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Royce Campaign Committee

Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834-3249

Purpose of Disbursement
2014 Primary

011

Candidate Name

Edward R. Royce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2013

Transaction ID : 2E40635F9AC12443E48

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

7500.00