

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC)

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

**A. Prusakowski, John, , ,**

Mailing Address 430 Volusia Ave

City  
Oakwood

State  
OH

Zip Code  
45409-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Farm

Occupation (for Individual)  
Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2019

Transaction ID : 4A25BCEB18D662D46CB1

Amount of Each Receipt this Period

33.32

☐ Memo Item

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

**B. Rader, Andy, , ,**

Mailing Address 24 Derby Way

City  
Bloomington

State  
IL

Zip Code  
61704-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Farm

Occupation (for Individual)  
Vpo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2019

Transaction ID : 4F90913232E5A29AE4BE

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**C. Ray, Bill, , ,**

Mailing Address 11 Pebblebrook Ct

City  
Bloomington

State  
IL

Zip Code  
61705-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Farm

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : 4740AB4BB465CE2110F7

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

208.32