

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 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 (State Farm Federal PAC)

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

A. Keating, Michael T, , ,

Mailing Address 9 Rose Trce

City

Saratoga Spgs

State

NY

Zip Code

12866-6537

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2019

Transaction ID : 4AF4B16BF4BDA2A820EC

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Kilgore, Wanda, , ,

Mailing Address 127 Village Green Cir

City

Tyrone

State

GA

Zip Code

30290-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

State Farm

Occupation (for Individual)

Sales Leader - Ues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : 42CCA4F442B5BCF1422F

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Korgan, Malyka, , ,

Mailing Address 11052 Cimarron St

Unit B

City

Firestone

State

CO

Zip Code

80504-6682

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

State Farm Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : 2019052214534-1

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)..... ►

375.00