

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 41

(check only one)

☒ 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 ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2019

Transaction ID : 48BFAFE1DE4790F8E30A

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2019

Transaction ID : 4C3380BC9B4DDD102F3C

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2019

Transaction ID : 40E790987D7997D368ED

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