

**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 39 OF 152 |
| | <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. Susan A. Krieger
Full Name (Last, First, Middle Initial)

Mailing Address 32 Keswick Dr

City New Albany State OH Zip Code 43054-8076

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
 04 / 20 / 2015
Transaction ID : D2162702823A460BA101

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 2005 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 OVP - UNDERWRITING

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
 03 / 30 / 2015
Transaction ID : 75B2BB15D52A4AFD8353

Amount of Each Receipt this Period
 2500.00

C. Janis A. Lancaster
Full Name (Last, First, Middle Initial)

Mailing Address 3608 Armstrong Dr

City Bloomington State IL Zip Code 61704-2838

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

Name of Employer STATE FARM Occupation CLAIMS MGR - P&C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : BB702F50D06A4FBF868D

Amount of Each Receipt this Period
 250.00

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 4250.00 |
| TOTAL This Period (last page this line number only)..... | ▶ | |