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)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Tom Capella Campaign Fund

Mailing Address
3421 North Causeway Blvd. Suite 601

City: Metairie
State: LA
Zip Code: 70002

Purpose of Disbursement
Debt Retirement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: LA District: 86

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
03 06 2002

Amount of Each Disbursement this Period
250.00

Transaction ID: SB29.10619

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**250.00**
TOTAL This Period (last page this line number only) ..... ▶	**4600.00**