

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)

Allstate Insurance Company PAC

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

A. Taranda, Richard, Joseph, ,

Mailing Address 2657 N Haddow Ave

City

Arlington Heights

State

IL

Zip Code

60004-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

APL Prod-State Mgr-Top Exp

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2019

Transaction ID : 201910289215-360

Amount of Each Receipt this Period

29.00

☐ Memo Item

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

B. Taylor, Julie, A, ,

Mailing Address 55 Picadilly Ct

City

Kent

State

OH

Zip Code

44240-7292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

Claims-Mgmt Adjusting CSL-Assoc Mg

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2019

Transaction ID : 201910149134-267

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Taylor, Julie, A, ,

Mailing Address 55 Picadilly Ct

City

Kent

State

OH

Zip Code

44240-7292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

Claims-Mgmt Adjusting CSL-Assoc Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2019

Transaction ID : 201910289215-271

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

59.00