

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

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

FOR LINE NUMBER: PAGE 206 OF 253

(check only one)

☒ 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 ▼

580.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : 201909169135-356

Amount of Each Receipt this Period

29.00

☐ Memo Item

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

B. 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 ▼

580.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : 201909309133-359

Amount of Each Receipt this Period

29.00

☐ 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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : 201909169135-266

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

73.00

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