

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

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

FOR LINE NUMBER: PAGE 238 OF 287

(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. Taylor, Julie, A, ,

Mailing Address 55 Picadilly Ct

City
KentState
OHZip Code
44240-7292FEC 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : 20191119135-277

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Taylor, Julie, A, ,

Mailing Address 55 Picadilly Ct

City
KentState
OHZip Code
44240-7292FEC 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2019

Transaction ID : 201911259135-283

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Taylor, Lori, , ,

Mailing Address 37625 Charlotte Dr

City
WadsworthState
ILZip Code
60083-9252FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

CR-Corporate Relations Comms-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : 20191119135-512

Amount of Each Receipt this Period

29.00

☐ Memo Item

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

59.00

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