

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

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

FOR LINE NUMBER: PAGE 13 OF 224

(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. Balatsoukas, Alexandra, , ,

Mailing Address 1225 W Morse Ave  
Apt 508

City  
Chicago

State  
IL

Zip Code  
60626-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

Claims-Auto Line Management-Sr Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2019

Transaction ID : 201906249135-14

Amount of Each Receipt this Period

34.36

☐ Memo Item

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

B. Ballinger, William, P., ,

Mailing Address 61 Tournament Dr N

City

Hawthorn Woods

State

IL

Zip Code

60047-8401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

SVP-PO-Chief Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2019

Transaction ID : 201906109134-72

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Ballinger, William, P., ,

Mailing Address 61 Tournament Dr N

City

Hawthorn Woods

State

IL

Zip Code

60047-8401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

SVP-PO-Chief Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2019

Transaction ID : 201906249135-73

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

234.36

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