

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

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

FOR LINE NUMBER: PAGE 63 OF 282

(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. Dugenske, John, , ,

Mailing Address 1045 W Wellington Ave

City
ChicagoState
ILZip Code
60657-4325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance CompanyOccupation (for Individual)
EVP-INV-Chief Investment Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

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

Transaction ID : 201910149134-543

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

B. Dugenske, John, , ,

Mailing Address 1045 W Wellington Ave

City
ChicagoState
ILZip Code
60657-4325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance CompanyOccupation (for Individual)
EVP-INV-Chief Investment Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

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

Transaction ID : 201910289215-555

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

C. Dwyer, Jeffrey, P, ,

Mailing Address 44 Champlain Ct

City
ManahawkinState
NJZip Code
08050-4623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance CompanyOccupation (for Individual)
Claims-Field Leadership Ops-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.64

Date of Receipt

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

Transaction ID : 201910149134-81

Amount of Each Receipt this Period

16.62

☐ Memo Item

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

401.22

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