

# **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. Flynn, James, J, ,**

Mailing Address 13 Meadow View Ln

City  
Malvern

State  
PA

Zip Code  
19355-3363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

SVP-ABD-Field Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

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

**Transaction ID : 201910289215-523**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Fontana, Angela, K, ,**

Mailing Address 1280 Wild Rose Ln

City  
Lake Forest

State  
IL

Zip Code  
60045-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

VP-L&R-Allstate Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1276.00

Date of Receipt

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

**Transaction ID : 201910149134-39**

Amount of Each Receipt this Period

58.00

☐ Memo Item

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

**C. Fontana, Angela, K, ,**

Mailing Address 1280 Wild Rose Ln

City  
Lake Forest

State  
IL

Zip Code  
60045-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

VP-L&R-Allstate Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1276.00

Date of Receipt

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

**Transaction ID : 201910289215-40**

Amount of Each Receipt this Period

58.00

☐ Memo Item

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

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

308.30