

# **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)

PAGE 118 OF 282

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

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

**A. Kathrens, Timothy, M., ,**

Mailing Address 703 Highland Ct

City  
Grayslake

State  
IL

Zip Code  
60030-7958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
ATSV-Compliance-Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.84

Date of Receipt

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

**Transaction ID : 201910149134-107**

Amount of Each Receipt this Period

19.22

☐ Memo Item

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

**B. Kathrens, Timothy, M., ,**

Mailing Address 703 Highland Ct

City  
Grayslake

State  
IL

Zip Code  
60030-7958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
ATSV-Compliance-Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.84

Date of Receipt

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

**Transaction ID : 201910289215-108**

Amount of Each Receipt this Period

19.22

☐ Memo Item

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

**C. Kennedy, Rebecca, D., ,**

Mailing Address 44 Deerfield Dr

City  
Hawthorn Woods

State  
IL

Zip Code  
60047-6508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
VP-ALR-Beneficiary & InForce Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

**Transaction ID : 201910149134-277**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

68.44