

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. 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 ▼

1800.00

Date of Receipt

08 / 02 / 2019

Transaction ID : 201908059134-74

Amount of Each Receipt this Period

100.00

☐ 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 ▼

1800.00

Date of Receipt

08 / 16 / 2019

Transaction ID : 2019081991315-73

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 ▼

1800.00

Date of Receipt

08 / 30 / 2019

Transaction ID : 201909029134-73

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00