

# **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 90 OF 355

☒ 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. 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 ▼

3461.40

Date of Receipt

08 / 30 / 2019

**Transaction ID : 201909029134-503**

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 ▼

1044.00

Date of Receipt

08 / 02 / 2019

**Transaction ID : 201908059134-36**

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 ▼

1044.00

Date of Receipt

08 / 16 / 2019

**Transaction ID : 2019081991315-36**

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