

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

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

FOR LINE NUMBER: PAGE 10 OF 169

(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. 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : 2019030491318-70**

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : 201903189134-70**

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : 201904019134-69**

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