

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

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

FOR LINE NUMBER: PAGE 23 OF 245

(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. Bradley, London, B, ,**

Mailing Address 16875 Quayside Dr

City  
Milton

State  
GA

Zip Code  
30004-8120

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 ▼

649.35

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2019

**Transaction ID : 201907229135-74**

Amount of Each Receipt this Period

43.29

☐ Memo Item

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

**B. Bradshaw, Samuel, Everett, ,**

Mailing Address 407 Avondale Cir

City

Severna Park

State

MD

Zip Code

21146-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

ABD-Territory Sales Leader-Sr Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 05 / 2019

**Transaction ID : 201907089135-527**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Bradshaw, Samuel, Everett, ,**

Mailing Address 407 Avondale Cir

City

Severna Park

State

MD

Zip Code

21146-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

ABD-Territory Sales Leader-Sr Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2019

**Transaction ID : 201907229135-526**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

83.29