

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

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

FOR LINE NUMBER: PAGE 35 OF 132

(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. 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 ▼

406.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2020

Transaction ID : 202003169254-41

Amount of Each Receipt this Period

58.00

☐ 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 ▼

406.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : 202003309135-41

Amount of Each Receipt this Period

58.00

☐ Memo Item

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

C. Fortin, Mary Jane, B., ,

Mailing Address 4510 Shetland Ln

City
Houston

State
TX

Zip Code
77027-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance Company

Occupation (for Individual)
EVP-APL-President Allstate Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2020

Transaction ID : 202003169254-540

Amount of Each Receipt this Period

193.00

☐ Memo Item

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

309.00

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