

# **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 41 OF 132

☒ 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. Grawe, George, F, ,**

Mailing Address 801 N Vail Ave

City  
Arlington Heights

State  
IL

Zip Code  
60004-5560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
SVP-L&R-Staff & Retained Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.50

Date of Receipt

03 / 13 / 2020

**Transaction ID : 202003169254-134**

Amount of Each Receipt this Period

56.50

☐ Memo Item

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

**B. Grawe, George, F, ,**

Mailing Address 801 N Vail Ave

City  
Arlington Heights

State  
IL

Zip Code  
60004-5560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
SVP-L&R-Staff & Retained Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.50

Date of Receipt

03 / 27 / 2020

**Transaction ID : 202003309135-137**

Amount of Each Receipt this Period

56.50

☐ Memo Item

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

**C. Green, Kellie, H., ,**

Mailing Address 2437 4th St

City  
Cuyahoga Falls

State  
OH

Zip Code  
44221-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
VP-PO-RMBC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

03 / 13 / 2020

**Transaction ID : 202003169254-142**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

173.00

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