

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 187  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Schoolman, Parr, Thomas, ,**

Mailing Address 1246 Antietam Dr

City  
Long GroveState  
ILZip Code  
60047-5123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance CompanyOccupation (for Individual)  
SVP-APL-Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2019

**Transaction ID : 201905139135-509**

Amount of Each Receipt this Period

58.00

☐ Memo Item

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

**B. Schoolman, Parr, Thomas, ,**

Mailing Address 1246 Antietam Dr

City  
Long GroveState  
ILZip Code  
60047-5123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance CompanyOccupation (for Individual)  
SVP-APL-Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2019

**Transaction ID : 201905279134-562**

Amount of Each Receipt this Period

58.00

☐ Memo Item

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

**C. Schutt, Paul, , ,**

Mailing Address 6323 N Normandy Ave

City  
ChicagoState  
ILZip Code  
60631-2029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance CompanyOccupation (for Individual)  
SVP-FSS-IA & Chief Audit Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

642.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2019

**Transaction ID : 201905139135-67**

Amount of Each Receipt this Period

58.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

174.38

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