

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

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

FOR LINE NUMBER: PAGE 8 OF 21

(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. Dugenske, John, , ,**

Mailing Address 1045 W Wellington Ave

City  
Chicago

State  
IL

Zip Code  
60657-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
EVP-INV-Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2020

**Transaction ID : 202001209135-570**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Dugenske, John, , ,**

Mailing Address 1045 W Wellington Ave

City  
Chicago

State  
IL

Zip Code  
60657-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
EVP-INV-Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2020

**Transaction ID : 202002039135-566**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Flynn, James, J, ,**

Mailing Address 13 Meadow View Ln

City  
Malvern

State  
PA

Zip Code  
19355-3363

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 ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2020

**Transaction ID : 202001209135-538**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

576.90