

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 158

(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. Dugenske, John, , ,

Mailing Address 1045 W Wellington Ave

City
ChicagoState
ILZip Code
60657-4325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

EVP-INV-President Inv and Financial P

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2020

Transaction ID : 202004139134-572

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
ChicagoState
ILZip Code
60657-4325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

EVP-INV-President Inv and Financial P

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2020

Transaction ID : 202004279175-567

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

C. Edwards, Sharon, P, ,

Mailing Address 469 E Home Ave

City
PalatineState
ILZip Code
60074-7062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

ENT-Fin Analysis-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2020

Transaction ID : 202004139134-325

Amount of Each Receipt this Period

29.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

413.60