

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

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

FOR LINE NUMBER: PAGE 20 OF 187

(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. Bradley, London, B, ,

Mailing Address 16875 Quayside Dr

City
Milton

State
GA

Zip Code
30004-8120

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 ▼

476.19

Date of Receipt

MM / DD / YYYY
05 / 22 / 2020

Transaction ID : 202005259135-78

Amount of Each Receipt this Period

43.29

☐ Memo Item

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

B. Bradshaw, Samuel, Everett, ,

Mailing Address 407 Avondale Cir

City

Severna Park

State

MD

Zip Code

21146-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

ABD-Territory Sales Leader-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2020

Transaction ID : 202005259135-554

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Brandt, Eric, , ,

Mailing Address 1801 Tower Dr
Unit 333

City

Glenview

State

IL

Zip Code

60026-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allstate Insurance Company

Occupation (for Individual)

EVP-CLAIMS-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
05 / 08 / 2020

Transaction ID : 202005119174-619

Amount of Each Receipt this Period

58.00

☐ Memo Item

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

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

121.29