

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

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

FOR LINE NUMBER: PAGE 143 OF 187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

A. Schutt, Paul, , ,

Mailing Address 6323 N Normandy Ave

City
Chicago

State
IL

Zip Code
60631-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance Company

Occupation (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 / D D / Y Y Y Y Y Y
05 / 22 / 2020

Transaction ID : 202005259135-74

Amount of Each Receipt this Period

58.38

☐ Memo Item

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

B. Seebeck, Ryan, David, ,

Mailing Address 8894 Center Way

City
Eden Prairie

State
MN

Zip Code
55344-4058

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance Company

Occupation (for Individual)
Claims-Field Leadership RCL-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2020

Transaction ID : 202005259135-374

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Shapiro, Glenn, Thomas, ,

Mailing Address 2655 Woodland Dr

City
Northbrook

State
IL

Zip Code
60062-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance Company

Occupation (for Individual)
EVP-PPL-President Personal Prop-Liab

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2020

Transaction ID : 202005119174-549

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)..... ►

136.38