

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

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

FOR LINE NUMBER: PAGE 28 OF 224

(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. Burns, Gregory, C, ,

Mailing Address 2000 Broadmoor Ln

City
Vernon HillsState
ILZip Code
60061-4564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance CompanyOccupation (for Individual)
SVP-HR-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2019

Transaction ID : 201906109134-172

Amount of Each Receipt this Period

60.35

☐ Memo Item

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

B. Burns, Gregory, C, ,

Mailing Address 2000 Broadmoor Ln

City
Vernon HillsState
ILZip Code
60061-4564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance CompanyOccupation (for Individual)
SVP-HR-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2019

Transaction ID : 201906249135-173

Amount of Each Receipt this Period

60.35

☐ Memo Item

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

C. Cannon, Jessica, Dawn, ,

Mailing Address 10233 Ramblewood Dr

City
LakelandState
TNZip Code
38002-8549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allstate Insurance CompanyOccupation (for Individual)
ABD-Territory Sales Leader-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2019

Transaction ID : 201906109134-383

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

140.70

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