

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

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

FOR LINE NUMBER: PAGE 21 OF 158

(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. Burns, Gregory, C, ,**

Mailing Address 2000 Broadmoor Ln

City  
Vernon Hills

State  
IL

Zip Code  
60061-4564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
SVP-HR-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.15

Date of Receipt

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

**Transaction ID : 202004139134-178**

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 Hills

State  
IL

Zip Code  
60061-4564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Insurance Company

Occupation (for Individual)  
SVP-HR-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.15

Date of Receipt

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

**Transaction ID : 202004279175-176**

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  
Lakeland

State  
TN

Zip Code  
38002-8549

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 ▼

216.00

Date of Receipt

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

**Transaction ID : 202004279175-388**

Amount of Each Receipt this Period

24.00

☐ Memo Item

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

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

144.70