

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		23048.81
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	66024.82									
(c) Total Receipts (from Line 19)	28357.09	309180.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94381.91	332229.62								
7. Total Disbursements (from Line 31)	14351.70	252199.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80030.21	80030.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	25209.71	216393.19
(ii) Unitemized	3147.11	90489.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28356.82	306883.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28356.82	306883.17
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2295.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.27	2.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28357.09	309180.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28357.09	309180.81

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	101.70	1124.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	101.70	1124.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	118500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	7750.00	132575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14351.70	252199.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14351.70	252199.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28356.82	306883.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28356.82	306883.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	101.70	1124.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2295.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	101.70	-1170.59

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 274
(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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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

A.

Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City LINDENHURST State IL Zip Code 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 457.80

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846083
 Amount of Each Receipt this Period: 21.80

B.

Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City LINDENHURST State IL Zip Code 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 479.60

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931532
 Amount of Each Receipt this Period: 21.80

C.

Full Name (Last, First, Middle Initial)
ERNEST D ADAMS

Mailing Address P O Box 105

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 412.88

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845787
 Amount of Each Receipt this Period: 19.73

SUBTOTAL of Receipts This Page (optional) ► 63.33

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

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ERNEST D ADAMS

Mailing Address P O Box 105

City State Zip Code
Grayslake IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931236

Amount of Each Receipt this Period
19.73

B.

Full Name (Last, First, Middle Initial)
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846009

Amount of Each Receipt this Period
33.03

C.

Full Name (Last, First, Middle Initial)
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 723.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931458

Amount of Each Receipt this Period
33.03

SUBTOTAL of Receipts This Page (optional) ► 85.79

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) LORAL ADUKEH	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1226 RIDGEWOOD LANE	Transaction ID: A2009-4846069
	City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 685.95	

B.	Full Name (Last, First, Middle Initial) LORAL ADUKEH	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 1226 RIDGEWOOD LANE	Transaction ID: A2009-4931518
	City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 718.65	

C.	Full Name (Last, First, Middle Initial) MICHAEL W AGAR	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 200 W MILL VALLEY DR	Transaction ID: A2009-4845977
	City State Zip Code COLLEYVILLE TX 76034	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 343.35	

SUBTOTAL of Receipts This Page (optional)	81.75
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 274
(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

A.

Full Name (Last, First, Middle Initial)
MICHAEL W AGAR

Mailing Address 200 W MILL VALLEY DR

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931427

Amount of Each Receipt this Period
16.35

B.

Full Name (Last, First, Middle Initial)
PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 478.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845821

Amount of Each Receipt this Period
22.94

C.

Full Name (Last, First, Middle Initial)
PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931270

Amount of Each Receipt this Period
22.94

SUBTOTAL of Receipts This Page (optional) ► **62.23**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 655.21

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845700

Amount of Each Receipt this Period
31.56

B.

Full Name (Last, First, Middle Initial)
ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 686.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931149

Amount of Each Receipt this Period
31.56

C.

Full Name (Last, First, Middle Initial)
AMY M ALLMON

Mailing Address 4499 Meyers Ct

City State Zip Code
Castle Rock CO 80104

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845990

Amount of Each Receipt this Period
23.88

SUBTOTAL of Receipts This Page (optional) ► **87.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
AMY M ALLMON

Mailing Address 4499 Meyers Ct

City State Zip Code
Castle Rock CO 80104

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931439

Amount of Each Receipt this Period
23.88

B. Full Name (Last, First, Middle Initial)
JOHN M ANDERSON

Mailing Address 1432 S. 10TH ST.

City State Zip Code
ST. CHARLES IL 60174

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845978

Amount of Each Receipt this Period
15.50

C. Full Name (Last, First, Middle Initial)
JOHN M ANDERSON

Mailing Address 1432 S. 10TH ST.

City State Zip Code
ST. CHARLES IL 60174

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931428

Amount of Each Receipt this Period
15.50

SUBTOTAL of Receipts This Page (optional) ► 54.88

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

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

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

FOR LINE NUMBER: PAGE 13 / 274
(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

A. Full Name (Last, First, Middle Initial)
WILLIAM H AYO

Mailing Address 1009 LAKE RIDGE DR.

City State Zip Code
SAFETY HARBOR FL 34695

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845775

Amount of Each Receipt this Period
16.35

B. Full Name (Last, First, Middle Initial)
WILLIAM H AYO

Mailing Address 1009 LAKE RIDGE DR.

City State Zip Code
SAFETY HARBOR FL 34695

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931224

Amount of Each Receipt this Period
16.35

C. Full Name (Last, First, Middle Initial)
JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
GRAYS LAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1543.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845665

Amount of Each Receipt this Period
74.32

SUBTOTAL of Receipts This Page (optional) ► 107.02

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
GRAYS LAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1617.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931114

Amount of Each Receipt this Period
74.32

B.

Full Name (Last, First, Middle Initial)
CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE, N

City State Zip Code
JACKSONVILLE FL 32224

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845762

Amount of Each Receipt this Period
32.57

C.

Full Name (Last, First, Middle Initial)
CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE, N

City State Zip Code
JACKSONVILLE FL 32224

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 712.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931211

Amount of Each Receipt this Period
32.57

SUBTOTAL of Receipts This Page (optional) ► **139.46**

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

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

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

FOR LINE NUMBER: PAGE 15 / 274
(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

A. Full Name (Last, First, Middle Initial)
DENIS BAILEY
Mailing Address 8316 E. Tailfeather Dr
City State Zip Code
Scottsdale AZ 85255
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Field
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 408.47
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845667
Amount of Each Receipt this Period 19.52

B. Full Name (Last, First, Middle Initial)
DENIS BAILEY
Mailing Address 8316 E. Tailfeather Dr
City State Zip Code
Scottsdale AZ 85255
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Field
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 427.99
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931116
Amount of Each Receipt this Period 19.52

C. Full Name (Last, First, Middle Initial)
ALEXANDRA BALATSOUKAS
Mailing Address 1225 W. Morse, Unit 508
City State Zip Code
Chicago IL 60626
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Claims Senior Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 577.86
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845980
Amount of Each Receipt this Period 27.71

SUBTOTAL of Receipts This Page (optional) ► 66.75
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 274
	<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

A.	Full Name (Last, First, Middle Initial) ALEXANDRA BALATSOUKAS	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1225 W. Morse, Unit 508	Transaction ID: A2009-4931430
	City State Zip Code Chicago IL 60626	Amount of Each Receipt this Period 27.71
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claims Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 605.57	

B.	Full Name (Last, First, Middle Initial) GREGORY P BALDWIN	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 2 Saddle Ridge Ct.	Transaction ID: A2009-4845970
	City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 36.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Systems Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 770.34	

C.	Full Name (Last, First, Middle Initial) GREGORY P BALDWIN	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 2 Saddle Ridge Ct.	Transaction ID: A2009-4931420
	City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 36.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Systems Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 807.28	

SUBTOTAL of Receipts This Page (optional)	▶	101.59
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 274
(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

A. Full Name (Last, First, Middle Initial)
WILLIAM P BALLINGER

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 743.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845735

Amount of Each Receipt this Period
35.51

B. Full Name (Last, First, Middle Initial)
WILLIAM P BALLINGER

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 778.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931184

Amount of Each Receipt this Period
35.51

C. Full Name (Last, First, Middle Initial)
DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Allstate Financial -

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1099.91

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846103

Amount of Each Receipt this Period
52.56

SUBTOTAL of Receipts This Page (optional) ► **123.58**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Allstate Financial -

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1152.47

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931552

Amount of Each Receipt this Period

52.56

B.

Full Name (Last, First, Middle Initial)
PHILLIP W BANET

Mailing Address 4589 JADE LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Senior Actuary

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 549.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845793

Amount of Each Receipt this Period

34.43

C.

Full Name (Last, First, Middle Initial)
PHILLIP W BANET

Mailing Address 4589 JADE LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Senior Actuary

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 584.42

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931242

Amount of Each Receipt this Period

34.43

SUBTOTAL of Receipts This Page (optional) ▶

121.42

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1481.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846082

Amount of Each Receipt this Period
71.18

B.

Full Name (Last, First, Middle Initial)
ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1552.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931531

Amount of Each Receipt this Period
71.18

C.

Full Name (Last, First, Middle Initial)
ROBERT K BECKER

Mailing Address 108 Sloan Road

City State Zip Code
West Chester PA 19382

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845689

Amount of Each Receipt this Period
22.75

SUBTOTAL of Receipts This Page (optional) ► **165.11**

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

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

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

FOR LINE NUMBER: PAGE 20 / 274
(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

A. Full Name (Last, First, Middle Initial)
ROBERT K BECKER

Mailing Address 108 Sloan Road

City State Zip Code
West Chester PA 19382

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 497.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931138

Amount of Each Receipt this Period
22.75

B. Full Name (Last, First, Middle Initial)
CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.73

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845844

Amount of Each Receipt this Period
19.13

C. Full Name (Last, First, Middle Initial)
CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931293

Amount of Each Receipt this Period
19.13

SUBTOTAL of Receipts This Page (optional) ► 61.01

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JOSEPH A BELL		Date of Receipt
	Mailing Address N42W7245 west Pointe St.		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cedarburg	WI	53012
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845999
Name of Employer Allstate Insurance Company		Occupation Market Claim Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="243.34"/>	<input type="text" value="11.90"/>

B.	Full Name (Last, First, Middle Initial) JOSEPH A BELL		Date of Receipt
	Mailing Address N42W7245 west Pointe St.		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cedarburg	WI	53012
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931448
Name of Employer Allstate Insurance Company		Occupation Market Claim Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.24"/>	<input type="text" value="11.90"/>

C.	Full Name (Last, First, Middle Initial) DIANE BELLAS		Date of Receipt
	Mailing Address 1402 N. Illinois Avenue		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington Heights	IL	60004
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845849
Name of Employer Allstate Insurance Company		Occupation Accounting Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.96"/>	<input type="text" value="26.51"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.31"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) DIANE BELLAS	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1402 N. Illinois Avenue	Transaction ID: A2009-4931298
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 26.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Accounting Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 577.47	

B.	Full Name (Last, First, Middle Initial) WALTER A BERKOWICZ	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 405 GATESHEAD DRIVE	Transaction ID: A2009-4845932
	City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 32.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 686.28	

C.	Full Name (Last, First, Middle Initial) WALTER A BERKOWICZ	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 405 GATESHEAD DRIVE	Transaction ID: A2009-4931381
	City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 32.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 718.96	

SUBTOTAL of Receipts This Page (optional)	91.87
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 274
(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

A. Full Name (Last, First, Middle Initial)
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 846.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845707

Amount of Each Receipt this Period
40.40

B. Full Name (Last, First, Middle Initial)
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 886.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A2009-4931156

Amount of Each Receipt this Period
40.40

C. Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 427.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845776

Amount of Each Receipt this Period
20.55

SUBTOTAL of Receipts This Page (optional) ► **101.35**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 274
(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
							17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.15

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931225

Amount of Each Receipt this Period
20.55

B.

Full Name (Last, First, Middle Initial)
DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 826.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846011

Amount of Each Receipt this Period
39.36

C.

Full Name (Last, First, Middle Initial)
DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931460

Amount of Each Receipt this Period
39.36

SUBTOTAL of Receipts This Page (optional) ► 99.27

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT W BIRMAN

Mailing Address 7533 WHITLOCK PLACE

City LINCORN State NE Zip Code 68516

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Customer Service Senior M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.09

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845936
Amount of Each Receipt this Period 16.34

B.

Full Name (Last, First, Middle Initial)
ROBERT W BIRMAN

Mailing Address 7533 WHITLOCK PLACE

City LINCORN State NE Zip Code 68516

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Customer Service Senior M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 358.43

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931385
Amount of Each Receipt this Period 16.34

C.

Full Name (Last, First, Middle Initial)
ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City North Barrington State IL Zip Code 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Investor R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1314.25

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846000
Amount of Each Receipt this Period 62.95

SUBTOTAL of Receipts This Page (optional) ► 95.63

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City State Zip Code
North Barrington IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Investor R

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1377.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931449

Amount of Each Receipt this Period

62.95

B.

Full Name (Last, First, Middle Initial)
CAROL L BONOVIK

Mailing Address 6 N. MILLERS LANE

City State Zip Code
MT. PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 342.93

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845921

Amount of Each Receipt this Period

16.33

C.

Full Name (Last, First, Middle Initial)
CAROL L BONOVIK

Mailing Address 6 N. MILLERS LANE

City State Zip Code
MT. PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 359.26

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931370

Amount of Each Receipt this Period

16.33

SUBTOTAL of Receipts This Page (optional)

95.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 274
(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

A. Full Name (Last, First, Middle Initial)
DOUGLAS L BORG

Mailing Address 2160 Red Setter Road

City State Zip Code
Rocklin CA 95765

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Financial Sales Consultan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 689.43

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846079

Amount of Each Receipt this Period
32.83

B. Full Name (Last, First, Middle Initial)
DOUGLAS L BORG

Mailing Address 2160 Red Setter Road

City State Zip Code
Rocklin CA 95765

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Financial Sales Consultan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931528

Amount of Each Receipt this Period
32.83

C. Full Name (Last, First, Middle Initial)
MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Info Techn

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845738

Amount of Each Receipt this Period
77.29

SUBTOTAL of Receipts This Page (optional) ► **142.95**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 274

(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

A.

Full Name (Last, First, Middle Initial)
MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Info Techn

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1692.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A2009-4931187

Amount of Each Receipt this Period

77.29

B.

Full Name (Last, First, Middle Initial)
RONALD E BRABEC

Mailing Address 2823 TIMBER HILL DR.

City State Zip Code
GRAPEVINE TX 76051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Product Management Manage

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	9

Transaction ID: A2009-4846029

Amount of Each Receipt this Period

14.30

C.

Full Name (Last, First, Middle Initial)
RONALD E BRABEC

Mailing Address 2823 TIMBER HILL DR.

City State Zip Code
GRAPEVINE TX 76051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Product Management Manage

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 314.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A2009-4931478

Amount of Each Receipt this Period

14.30

SUBTOTAL of Receipts This Page (optional) ▶

105.89

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 29 / 274
(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

A. Full Name (Last, First, Middle Initial)
LONDON B BRADLEY

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 651.10

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846049
Amount of Each Receipt this Period 31.15

B. Full Name (Last, First, Middle Initial)
LONDON B BRADLEY

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 682.25

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931498
Amount of Each Receipt this Period 31.15

C. Full Name (Last, First, Middle Initial)
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Encompass Field Distr

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.63

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846015
Amount of Each Receipt this Period 21.88

SUBTOTAL of Receipts This Page (optional) ► 84.18

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 274
(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

A. Full Name (Last, First, Middle Initial)
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Encompass Field Distr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931464

Amount of Each Receipt this Period
21.88

B. Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845877

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931326

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ▶ 61.64

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) SHEILA M BREEDING		Date of Receipt
	Mailing Address 35 FAIRMONT AVENUE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SOMERVILLE	NJ	08876
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Senior Field Corporate Re	Transaction ID: A2009-4845692
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="343.35"/>	<input type="text" value="16.35"/>

B.	Full Name (Last, First, Middle Initial) SHEILA M BREEDING		Date of Receipt
	Mailing Address 35 FAIRMONT AVENUE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SOMERVILLE	NJ	08876
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Senior Field Corporate Re	Transaction ID: A2009-4931141
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="359.70"/>	<input type="text" value="16.35"/>

C.	Full Name (Last, First, Middle Initial) DUDLEY R BRIGHT		Date of Receipt
	Mailing Address 18135 W MEANDER DR		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRAYSLAKE	IL	60030
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Finance Director	Transaction ID: A2009-4845725
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="406.23"/>	<input type="text" value="19.48"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="52.18"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 32 / 274
(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

A. Full Name (Last, First, Middle Initial)
DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931174

Amount of Each Receipt this Period
19.48

B. Full Name (Last, First, Middle Initial)
SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 896.91

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845860

Amount of Each Receipt this Period
43.01

C. Full Name (Last, First, Middle Initial)
SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 939.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931309

Amount of Each Receipt this Period
43.01

SUBTOTAL of Receipts This Page (optional) ► **105.50**

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

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

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

FOR LINE NUMBER: PAGE 33 / 274
(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

A. Full Name (Last, First, Middle Initial)
DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.91

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845749
Amount of Each Receipt this Period: 0.59

B. Full Name (Last, First, Middle Initial)
DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.50

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931198
Amount of Each Receipt this Period: 0.59

C. Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845854
Amount of Each Receipt this Period: 19.88

SUBTOTAL of Receipts This Page (optional) ► 21.06

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

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

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

FOR LINE NUMBER: PAGE 34 / 274
(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

A. Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 437.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A2009-4931303
 Amount of Each Receipt this Period
 19.88

B. Full Name (Last, First, Middle Initial)
LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code
FRANKLIN TN 37064

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 378.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845752
 Amount of Each Receipt this Period
 18.12

C. Full Name (Last, First, Middle Initial)
LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code
FRANKLIN TN 37064

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 396.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A2009-4931201
 Amount of Each Receipt this Period
 18.12

SUBTOTAL of Receipts This Page (optional) ► 56.12

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 274

(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

A.

Full Name (Last, First, Middle Initial)
BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
CHICAGO IL 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 417.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845804

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)
BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
CHICAGO IL 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931253

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)
MICHAEL E BROWN

Mailing Address 3203 Long Blvd # 6

City State Zip Code
Nashville TN 37203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Field EB SIs Ldr-Small Bu

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 392.55

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845708

Amount of Each Receipt this Period

18.75

SUBTOTAL of Receipts This Page (optional)

58.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 274
(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

A. Full Name (Last, First, Middle Initial)
MICHAEL E BROWN

Mailing Address 3203 Long Blvd # 6

City State Zip Code
Nashville TN 37203

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field EB Sls Ldr-Small Bu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931157

Amount of Each Receipt this Period
18.75

B. Full Name (Last, First, Middle Initial)
PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845973

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931423

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 58.51

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

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

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

FOR LINE NUMBER: PAGE 37 / 274
(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

A. Full Name (Last, First, Middle Initial)
CATHERINE S BRUNE
Mailing Address 190 SAVANNA CT
City LAKE FOREST State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP & Chief Information O
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3896.66
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845761
Amount of Each Receipt this Period 186.21

B. Full Name (Last, First, Middle Initial)
CATHERINE S BRUNE
Mailing Address 190 SAVANNA CT
City LAKE FOREST State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP & Chief Information O
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4082.87
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931210
Amount of Each Receipt this Period 186.21

C. Full Name (Last, First, Middle Initial)
ANNE MARIE L BRUNNER
Mailing Address 2514 SOUTH WESLEY AVE
City BERWYN State IL Zip Code 60402
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 758.75
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845856
Amount of Each Receipt this Period 36.30

SUBTOTAL of Receipts This Page (optional) ► 408.72
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 274
(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

A. Full Name (Last, First, Middle Initial)
ANNE MARIE L BRUNNER
Mailing Address 2514 SOUTH WESLEY AVE
City BERWYN State IL Zip Code 60402
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 795.05
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931305
Amount of Each Receipt this Period 36.30

B. Full Name (Last, First, Middle Initial)
DAVID N BUGGS
Mailing Address 12234 85TH AVE
City PLEASANT PR State WI Zip Code 53158
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 674.94
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4846001
Amount of Each Receipt this Period 32.14

C. Full Name (Last, First, Middle Initial)
DAVID N BUGGS
Mailing Address 12234 85TH AVE
City PLEASANT PR State WI Zip Code 53158
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 707.08
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931450
Amount of Each Receipt this Period 32.14

SUBTOTAL of Receipts This Page (optional) ► 100.58
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 274						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARK L BUKOWY

Mailing Address 1077 Devon Drive

City State Zip Code
Antioch IL 60002

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 314.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845853

Amount of Each Receipt this Period
15.11

B.

Full Name (Last, First, Middle Initial)
MARK L BUKOWY

Mailing Address 1077 Devon Drive

City State Zip Code
Antioch IL 60002

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.87

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931302

Amount of Each Receipt this Period
15.11

C.

Full Name (Last, First, Middle Initial)
JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City State Zip Code
Parker CO 80138

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 856.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846108

Amount of Each Receipt this Period
40.80

SUBTOTAL of Receipts This Page (optional) ► 71.02

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 274

(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

A.

Full Name (Last, First, Middle Initial)
JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City State Zip Code
Parker CO 80138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Regional Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 897.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931557

Amount of Each Receipt this Period

40.80

B.

Full Name (Last, First, Middle Initial)
TYRONE A BURNO

Mailing Address 868 CHARLTON ROAD

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Human Resource Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 316.84

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845719

Amount of Each Receipt this Period

15.14

C.

Full Name (Last, First, Middle Initial)
TYRONE A BURNO

Mailing Address 868 CHARLTON ROAD

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Human Resource Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 331.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931168

Amount of Each Receipt this Period

15.14

SUBTOTAL of Receipts This Page (optional)

71.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 274
(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

A. Full Name (Last, First, Middle Initial)
GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845713

Amount of Each Receipt this Period
21.69

B. Full Name (Last, First, Middle Initial)
GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 473.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A2009-4931162

Amount of Each Receipt this Period
21.69

C. Full Name (Last, First, Middle Initial)
CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1883.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845654

Amount of Each Receipt this Period
89.71

SUBTOTAL of Receipts This Page (optional) ► **133.09**

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

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

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

FOR LINE NUMBER: PAGE 42 / 274

(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

A.

Full Name (Last, First, Middle Initial)
CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1973.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A2009-4931103

Amount of Each Receipt this Period

89.71

B.

Full Name (Last, First, Middle Initial)
DANIEL C BUTLER III, III

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1175.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	9

Transaction ID: A2009-4845760

Amount of Each Receipt this Period

56.34

C.

Full Name (Last, First, Middle Initial)
DANIEL C BUTLER III, III

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1231.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A2009-4931209

Amount of Each Receipt this Period

56.34

SUBTOTAL of Receipts This Page (optional) ▶

202.39

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 274
(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

A. Full Name (Last, First, Middle Initial)
ALICE M BYRNE
Mailing Address 4121 109TH STREET
City PLEASANT PRAIRI State WI Zip Code 53158
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Field
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.07
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845995
Amount of Each Receipt this Period 79.52

B. Full Name (Last, First, Middle Initial)
ALICE M BYRNE
Mailing Address 4121 109TH STREET
City PLEASANT PRAIRI State WI Zip Code 53158
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Field
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1743.59
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931444
Amount of Each Receipt this Period 79.52

C. Full Name (Last, First, Middle Initial)
RICHARD S CAIRNS
Mailing Address 2791 NE 9TH COURT
City POMPANO BEACH State FL Zip Code 33062
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 368.34
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845765
Amount of Each Receipt this Period 17.54

SUBTOTAL of Receipts This Page (optional) ► 176.58
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 274
(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

A. Full Name (Last, First, Middle Initial)
RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City State Zip Code
POMPANO BEACH FL 33062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931214

Amount of Each Receipt this Period
17.54

B. Full Name (Last, First, Middle Initial)
JOHN M CANTWELL

Mailing Address 335 DEVON COURT

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845726

Amount of Each Receipt this Period
14.30

C. Full Name (Last, First, Middle Initial)
JOHN M CANTWELL

Mailing Address 335 DEVON COURT

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931175

Amount of Each Receipt this Period
14.30

SUBTOTAL of Receipts This Page (optional) ► 46.14

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

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

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

FOR LINE NUMBER: PAGE 45 / 274
(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

A. Full Name (Last, First, Middle Initial)
IRIS M CHESTER
Mailing Address 643 ST GEORGE CT
City LAKE FOREST State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 509.61
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4846008
Amount of Each Receipt this Period 24.36

B. Full Name (Last, First, Middle Initial)
IRIS M CHESTER
Mailing Address 643 ST GEORGE CT
City LAKE FOREST State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 533.97
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931457
Amount of Each Receipt this Period 24.36

C. Full Name (Last, First, Middle Initial)
VIRGINIA O CHIAPPETTA
Mailing Address 165 ARLINGTON AVE
City ELMHURST State IL Zip Code 60126
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Communication Senior Mana
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 438.95
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845940
Amount of Each Receipt this Period 21.05

SUBTOTAL of Receipts This Page (optional) ▶ 69.77
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 274
(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

A. Full Name (Last, First, Middle Initial)
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Communication Senior Mana

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931390

Amount of Each Receipt this Period 21.05

B. Full Name (Last, First, Middle Initial)
SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 822.11

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845922

Amount of Each Receipt this Period 39.51

C. Full Name (Last, First, Middle Initial)
SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 861.62

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931371

Amount of Each Receipt this Period 39.51

SUBTOTAL of Receipts This Page (optional) ► 100.07

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 274
(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

A. Full Name (Last, First, Middle Initial)
BRIAN L CLARK

Mailing Address 257 Lake Circle

City State Zip Code
MADISON MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 331.06

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846014

Amount of Each Receipt this Period 15.81

B. Full Name (Last, First, Middle Initial)
BRIAN L CLARK

Mailing Address 257 Lake Circle

City State Zip Code
MADISON MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.87

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931463

Amount of Each Receipt this Period 15.81

C. Full Name (Last, First, Middle Initial)
EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 523.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845949

Amount of Each Receipt this Period 25.18

SUBTOTAL of Receipts This Page (optional) ► 56.80

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

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

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

FOR LINE NUMBER: PAGE 48 / 274
(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

A. Full Name (Last, First, Middle Initial)
EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 549.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931399

Amount of Each Receipt this Period
25.18

B. Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845795

Amount of Each Receipt this Period
34.33

C. Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 755.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931244

Amount of Each Receipt this Period
34.33

SUBTOTAL of Receipts This Page (optional) ► **93.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 623.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845947

Amount of Each Receipt this Period
29.84

B.

Full Name (Last, First, Middle Initial)
DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931397

Amount of Each Receipt this Period
29.84

C.

Full Name (Last, First, Middle Initial)
LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 707.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845906

Amount of Each Receipt this Period
33.87

SUBTOTAL of Receipts This Page (optional) ► **93.55**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 741.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931355

Amount of Each Receipt this Period
33.87

B.

Full Name (Last, First, Middle Initial)
EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845846

Amount of Each Receipt this Period
43.20

C.

Full Name (Last, First, Middle Initial)
EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 944.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931295

Amount of Each Receipt this Period
43.20

SUBTOTAL of Receipts This Page (optional) ► 120.27

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City Palatine State IL Zip Code 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845888

Amount of Each Receipt this Period
19.30

B.

Full Name (Last, First, Middle Initial)
LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City Palatine State IL Zip Code 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A2009-4931337

Amount of Each Receipt this Period
19.30

C.

Full Name (Last, First, Middle Initial)
MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City SCHAUMBURG State IL Zip Code 60193

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 648.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845911

Amount of Each Receipt this Period
31.01

SUBTOTAL of Receipts This Page (optional) ► **69.61**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 274

(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

A.

Full Name (Last, First, Middle Initial)
MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
SCHAUMBURG IL 60193

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 679.17

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931360

Amount of Each Receipt this Period
31.01

B.

Full Name (Last, First, Middle Initial)
WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
ARLINGTON HGTS. IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1580.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845802

Amount of Each Receipt this Period
75.68

C.

Full Name (Last, First, Middle Initial)
WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
ARLINGTON HGTS. IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1655.76

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931251

Amount of Each Receipt this Period
75.68

SUBTOTAL of Receipts This Page (optional) ▶

182.37

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 53 / 274
(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

A. Full Name (Last, First, Middle Initial)
FREDERICK F CRIPE
Mailing Address 277 N. BILTMORE DRIVE
City N. BARRINGTON State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845797
Amount of Each Receipt this Period: 89.04

Name of Employer: Allstate Insurance Company Occupation: SVP & Executive Vice Pres
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: 1852.74

B. Full Name (Last, First, Middle Initial)
FREDERICK F CRIPE
Mailing Address 277 N. BILTMORE DRIVE
City N. BARRINGTON State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931246
Amount of Each Receipt this Period: 89.04

Name of Employer: Allstate Insurance Company Occupation: SVP & Executive Vice Pres
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: 1941.78

C. Full Name (Last, First, Middle Initial)
RICHARD C CRIST JR, Jr.
Mailing Address 905 Chalet Court
City Colleyville State TX Zip Code 76034
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845720
Amount of Each Receipt this Period: 70.85

Name of Employer: Allstate Insurance Company Occupation: Vice President -Corp Ethn
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: 1486.46

SUBTOTAL of Receipts This Page (optional) ► 248.93
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) RICHARD C CRIST JR, Jr.		Date of Receipt
	Mailing Address 905 Chalet Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Colleyville	TX	76034
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4931169
Name of Employer Allstate Insurance Company		Occupation Vice President -Corp Ethn	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1557.31	<input type="text"/> 70.85

B.	Full Name (Last, First, Middle Initial) WILLIAM DALY		Date of Receipt
	Mailing Address 22425 N LINDEN DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4845706
Name of Employer Allstate Insurance Company		Occupation AVP PCCSO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 924.48	<input type="text"/> 44.48

C.	Full Name (Last, First, Middle Initial) WILLIAM DALY		Date of Receipt
	Mailing Address 22425 N LINDEN DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4931155
Name of Employer Allstate Insurance Company		Occupation AVP PCCSO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 968.96	<input type="text"/> 44.48

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 159.81
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT W DANIELS

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 768.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845748

Amount of Each Receipt this Period
36.68

B.

Full Name (Last, First, Middle Initial)
ROBERT W DANIELS

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 805.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931197

Amount of Each Receipt this Period
36.68

C.

Full Name (Last, First, Middle Initial)
RANDAL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 689.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845848

Amount of Each Receipt this Period
33.06

SUBTOTAL of Receipts This Page (optional) ► **106.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 274
(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

A.

Full Name (Last, First, Middle Initial)
RANDAL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 722.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931297

Amount of Each Receipt this Period
33.06

B.

Full Name (Last, First, Middle Initial)
STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 784.97

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845782

Amount of Each Receipt this Period
37.62

C.

Full Name (Last, First, Middle Initial)
STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 822.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931231

Amount of Each Receipt this Period
37.62

SUBTOTAL of Receipts This Page (optional) ► **108.30**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 274
(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

A. Full Name (Last, First, Middle Initial)
JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1143.69

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845966

Amount of Each Receipt this Period 54.59

B. Full Name (Last, First, Middle Initial)
JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1198.28

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931416

Amount of Each Receipt this Period 54.59

C. Full Name (Last, First, Middle Initial)
LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City State Zip Code
Humble TX 77346

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 818.45

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845774

Amount of Each Receipt this Period 39.20

SUBTOTAL of Receipts This Page (optional) 148.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City State Zip Code
Humble TX 77346

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 857.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931223

Amount of Each Receipt this Period
39.20

B.

Full Name (Last, First, Middle Initial)
KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILLS IL 60102

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 368.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845996

Amount of Each Receipt this Period
17.63

C.

Full Name (Last, First, Middle Initial)
KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILLS IL 60102

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931445

Amount of Each Receipt this Period
17.63

SUBTOTAL of Receipts This Page (optional) ► **74.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 274
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
LEO DISHEL

Mailing Address 340 E 74TH ST APT 6C

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 433.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845686

Amount of Each Receipt this Period
20.71

B.

Full Name (Last, First, Middle Initial)
LEO DISHEL

Mailing Address 340 E 74TH ST APT 6C

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 454.57

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931135

Amount of Each Receipt this Period
20.71

C.

Full Name (Last, First, Middle Initial)
SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1213.47

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845939

Amount of Each Receipt this Period
57.92

SUBTOTAL of Receipts This Page (optional) ► **99.34**

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

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

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

FOR LINE NUMBER: PAGE 60 / 274
(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

A. Full Name (Last, First, Middle Initial)
SARAH R DONAHUE
Mailing Address 4147 RFD
City LONG GROVE State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP-Product
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1271.39
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931389
Amount of Each Receipt this Period 57.92

B. Full Name (Last, First, Middle Initial)
PHILIP J DORN
Mailing Address 12 SAINT JOHN DRIVE
City HAWTHORN WOODS State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Finance Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 417.48
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4846064
Amount of Each Receipt this Period 19.88

C. Full Name (Last, First, Middle Initial)
PHILIP J DORN
Mailing Address 12 SAINT JOHN DRIVE
City HAWTHORN WOODS State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Finance Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.36
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931513
Amount of Each Receipt this Period 19.88

SUBTOTAL of Receipts This Page (optional) ► 97.68
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 61 / 274
(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

A. Full Name (Last, First, Middle Initial)
DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City MALVERN State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845723
Amount of Each Receipt this Period 19.88

B. Full Name (Last, First, Middle Initial)
DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City MALVERN State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931172
Amount of Each Receipt this Period 19.88

C. Full Name (Last, First, Middle Initial)
PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City VERNON HILLS State IL Zip Code 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 568.69

Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845822
Amount of Each Receipt this Period 27.24

SUBTOTAL of Receipts This Page (optional) ▶ 67.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 274
(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

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

A. Full Name (Last, First, Middle Initial)
PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931271

Amount of Each Receipt this Period
27.24

B. Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846054

Amount of Each Receipt this Period
31.91

C. Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 697.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931503

Amount of Each Receipt this Period
31.91

SUBTOTAL of Receipts This Page (optional) ► 91.06

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 274
(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
							17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City ROSCOE State IL Zip Code 61073

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 531.92

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845919
 Amount of Each Receipt this Period: 25.42

B.

Full Name (Last, First, Middle Initial)
MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City ROSCOE State IL Zip Code 61073

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 557.34

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931368
 Amount of Each Receipt this Period: 25.42

C.

Full Name (Last, First, Middle Initial)
LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City GLENVIEW State IL Zip Code 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Encompass Finance & D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.78

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845925
 Amount of Each Receipt this Period: 23.18

SUBTOTAL of Receipts This Page (optional) ► 74.02

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Encompass Finance & D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 509.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931374

Amount of Each Receipt this Period
23.18

B.

Full Name (Last, First, Middle Initial)
DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 614.13

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845945

Amount of Each Receipt this Period
29.38

C.

Full Name (Last, First, Middle Initial)
DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 643.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931395

Amount of Each Receipt this Period
29.38

SUBTOTAL of Receipts This Page (optional) ► 81.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JEFFREY P DWYER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 44 CHAMPLAIN COURT	Transaction ID: A2009-4845662
	City MANAHAWKIN State NJ Zip Code 08050	Amount of Each Receipt this Period 14.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Market Claim Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 227.52	

B.	Full Name (Last, First, Middle Initial) JEFFREY P DWYER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 44 CHAMPLAIN COURT	Transaction ID: A2009-4931111
	City MANAHAWKIN State NJ Zip Code 08050	Amount of Each Receipt this Period 14.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Market Claim Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 241.74	

C.	Full Name (Last, First, Middle Initial) MATTHEW S EASLEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1327 N Illinois Avenue	Transaction ID: A2009-4845828
	City Arlington Heights State IL Zip Code 60004	Amount of Each Receipt this Period 33.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Product AF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 709.23	

SUBTOTAL of Receipts This Page (optional)	▶	62.37
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 274
(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

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

A.

Full Name (Last, First, Middle Initial)
MATTHEW S EASLEY

Mailing Address 1327 N Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 743.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931277

Amount of Each Receipt this Period
33.93

B.

Full Name (Last, First, Middle Initial)
SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 447.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845814

Amount of Each Receipt this Period
22.04

C.

Full Name (Last, First, Middle Initial)
SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 467.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931263

Amount of Each Receipt this Period
20.69

SUBTOTAL of Receipts This Page (optional) ► 76.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) SHARON P EDWARDS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 469 E. HOME AVENUE	Transaction ID: A2009-4845855
	City PALATINE State IL Zip Code 60074	Amount of Each Receipt this Period 9.78
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.78	

B.	Full Name (Last, First, Middle Initial) SHARON P EDWARDS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 469 E. HOME AVENUE	Transaction ID: A2009-4931304
	City PALATINE State IL Zip Code 60074	Amount of Each Receipt this Period 9.78
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.56	

C.	Full Name (Last, First, Middle Initial) LILLY ENG	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 563 PEREGRINE DRIVE	Transaction ID: A2009-4845801
	City PALATINE State IL Zip Code 60067	Amount of Each Receipt this Period 16.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 349.35	

SUBTOTAL of Receipts This Page (optional)	36.31
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 274

(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

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

A.

Full Name (Last, First, Middle Initial)
LILLY ENG

Mailing Address 563 PEREGRINE DRIVE

City State Zip Code
PALATINE IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Operations Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 366.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931250

Amount of Each Receipt this Period

16.75

B.

Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 786.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845954

Amount of Each Receipt this Period

37.88

C.

Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 824.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931404

Amount of Each Receipt this Period

37.88

SUBTOTAL of Receipts This Page (optional)

92.51

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 274
	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL L ESCOBAR		Date of Receipt
	Mailing Address 660 BALMORAL LANE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INVERNESS	IL	60067
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845668
Name of Employer Allstate Insurance Company		Occupation AVP Finance Innovation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1123.45"/>	<input type="text" value="53.75"/>

B.	Full Name (Last, First, Middle Initial) MICHAEL L ESCOBAR		Date of Receipt
	Mailing Address 660 BALMORAL LANE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INVERNESS	IL	60067
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931117
Name of Employer Allstate Insurance Company		Occupation AVP Finance Innovation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1177.20"/>	<input type="text" value="53.75"/>

C.	Full Name (Last, First, Middle Initial) RICHARD B ESPINOZA		Date of Receipt
	Mailing Address 673 HASTINGS ROAD		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WHEELING	IL	60090
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845869
Name of Employer Allstate Insurance Company		Occupation Unclassified Sr Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="684.50"/>	<input type="text" value="32.70"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="140.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 274
	<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	

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

A.	Full Name (Last, First, Middle Initial) RICHARD B ESPINOZA		Date of Receipt
	Mailing Address 673 HASTINGS ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	WHEELING	IL	60090
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931318
Name of Employer Allstate Insurance Company		Occupation Unclassified Sr Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 717.20	<input type="text"/> 32.70

B.	Full Name (Last, First, Middle Initial) THOMAS W EVANS		Date of Receipt
	Mailing Address 1224 BARCLAY CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845704
Name of Employer Allstate Insurance Company		Occupation Vice President Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 911.98	<input type="text"/> 43.58

C.	Full Name (Last, First, Middle Initial) THOMAS W EVANS		Date of Receipt
	Mailing Address 1224 BARCLAY CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931153
Name of Employer Allstate Insurance Company		Occupation Vice President Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 955.56	<input type="text"/> 43.58

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 119.86
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) KATHRYN L FABYAN	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 21209 WEST YORKSHIRE DRIVE	Transaction ID: A2009-4846007
	City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 38.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 818.58

B.	Full Name (Last, First, Middle Initial) KATHRYN L FABYAN	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 21209 WEST YORKSHIRE DRIVE	Transaction ID: A2009-4931456
	City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 38.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 857.56

C.	Full Name (Last, First, Middle Initial) GORDON S FALKNOR	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 703 E CHERRY LN	Transaction ID: A2009-4845865
	City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 49.26
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1028.46

SUBTOTAL of Receipts This Page (optional)	127.22
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 72 / 274
(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

A. Full Name (Last, First, Middle Initial)
GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931314

Amount of Each Receipt this Period
49.26

B. Full Name (Last, First, Middle Initial)
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 566.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845984

Amount of Each Receipt this Period
27.10

C. Full Name (Last, First, Middle Initial)
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 593.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931434

Amount of Each Receipt this Period
27.10

SUBTOTAL of Receipts This Page (optional) ► **103.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) STEVEN FINE		Date of Receipt
	Mailing Address 40375 N. SEA EAGLE CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	ANTIOCH	IL	60002
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4845711
Name of Employer Allstate Insurance Company		Occupation Sales Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.92	<input type="text"/> 25.52

B.	Full Name (Last, First, Middle Initial) STEVEN FINE		Date of Receipt
	Mailing Address 40375 N. SEA EAGLE CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	ANTIOCH	IL	60002
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4931160
Name of Employer Allstate Insurance Company		Occupation Sales Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 561.44	<input type="text"/> 25.52

C.	Full Name (Last, First, Middle Initial) LISA J FLANARY		Date of Receipt
	Mailing Address 1007 Harris Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	GRAYSLAKE	IL	60030
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4845992
Name of Employer Allstate Insurance Company		Occupation AVP Distribution Channel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 681.03	<input type="text"/> 32.73

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 83.77
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LISA J FLANARY

Mailing Address 1007 Harris Road

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Distribution Channel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 713.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931441

Amount of Each Receipt this Period
32.73

B.

Full Name (Last, First, Middle Initial)
KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845859

Amount of Each Receipt this Period
39.53

C.

Full Name (Last, First, Middle Initial)
KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 864.81

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931308

Amount of Each Receipt this Period
39.53

SUBTOTAL of Receipts This Page (optional) ► **111.79**

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

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

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

FOR LINE NUMBER: PAGE 75 / 274
(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

A. Full Name (Last, First, Middle Initial)
ANGELA K FONTANA
 Mailing Address 1280 WILD ROSE LANE
 City State Zip Code
LAKE FOREST IL 60045
 Date of Receipt
MM / DD / YYYY
10 / 09 / 2009
Transaction ID: A2009-4846039
 Amount of Each Receipt this Period
18.69
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Home Office Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 389.24

B. Full Name (Last, First, Middle Initial)
ANGELA K FONTANA
 Mailing Address 1280 WILD ROSE LANE
 City State Zip Code
LAKE FOREST IL 60045
 Date of Receipt
MM / DD / YYYY
10 / 23 / 2009
Transaction ID: A2009-4931488
 Amount of Each Receipt this Period
18.69
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Home Office Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.93

C. Full Name (Last, First, Middle Initial)
KARL A FRIEDMAN
 Mailing Address 333 DUNLEER DRIVE
 City State Zip Code
CARY IL 60013
 Date of Receipt
MM / DD / YYYY
10 / 09 / 2009
Transaction ID: A2009-4845885
 Amount of Each Receipt this Period
17.69
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.19

SUBTOTAL of Receipts This Page (optional) ► 55.07
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) KARL A FRIEDMAN	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 333 DUNLEER DRIVE	Transaction ID: A2009-4931334
	City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 17.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.88

B.	Full Name (Last, First, Middle Initial) ERIC M FRISVOLD	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1404 SHETLAND DR	Transaction ID: A2009-4846035
	City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 15.19
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.24

C.	Full Name (Last, First, Middle Initial) ERIC M FRISVOLD	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1404 SHETLAND DR	Transaction ID: A2009-4931484
	City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 15.19
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.43

SUBTOTAL of Receipts This Page (optional)	48.07
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 77 / 274
(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

A.

Full Name (Last, First, Middle Initial)
MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Marketing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 835.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845786

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)
MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Marketing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 874.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A2009-4931235

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)
ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 695.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845722

Amount of Each Receipt this Period

33.28

SUBTOTAL of Receipts This Page (optional) ▶

112.82

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 78 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 728.91

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931171

Amount of Each Receipt this Period

33.28

B.

Full Name (Last, First, Middle Initial)
VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 540.19

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845663

Amount of Each Receipt this Period

25.99

C.

Full Name (Last, First, Middle Initial)
VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 566.18

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931112

Amount of Each Receipt this Period

25.99

SUBTOTAL of Receipts This Page (optional)

85.26

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 274
(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

A. Full Name (Last, First, Middle Initial)
VICTORIA H GAGE-BERNHEIMER

Mailing Address 471 Burnt Ember Lane

City State Zip Code
Buffalo Grove IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846022

Amount of Each Receipt this Period
15.65

B. Full Name (Last, First, Middle Initial)
VICTORIA H GAGE-BERNHEIMER

Mailing Address 471 Burnt Ember Lane

City State Zip Code
Buffalo Grove IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 344.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931471

Amount of Each Receipt this Period
15.65

C. Full Name (Last, First, Middle Initial)
ANNA M GALL

Mailing Address 1667 FLAGSTONE DRIVE

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Department Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 339.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845811

Amount of Each Receipt this Period
16.26

SUBTOTAL of Receipts This Page (optional) ► **47.56**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ANNA M GALL

Mailing Address 1667 FLAGSTONE DRIVE

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Department Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931260

Amount of Each Receipt this Period
16.26

B.

Full Name (Last, First, Middle Initial)
MARY C GARDNER

Mailing Address 4506 DEER TRAIL

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845715

Amount of Each Receipt this Period
11.72

C.

Full Name (Last, First, Middle Initial)
MARY C GARDNER

Mailing Address 4506 DEER TRAIL

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 257.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931164

Amount of Each Receipt this Period
11.72

SUBTOTAL of Receipts This Page (optional) ► **39.70**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 387.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845675

Amount of Each Receipt this Period
19.36

B.

Full Name (Last, First, Middle Initial)
JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 406.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931124

Amount of Each Receipt this Period
19.36

C.

Full Name (Last, First, Middle Initial)
LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 786.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845870

Amount of Each Receipt this Period
37.52

SUBTOTAL of Receipts This Page (optional) ► 76.24

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 274
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LYNN A GEHANT

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Mailing Address 23W650 WOODWORTH PLACE

Transaction ID: A2009-4931319

City ROSELLE State IL Zip Code 60172

Amount of Each Receipt this Period
37.52

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 823.59

B.

Full Name (Last, First, Middle Initial)
NICK GEORGAKOPOULOS

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Mailing Address 1129 N Mitchell Ave

Transaction ID: A2009-4845899

City Arlington Heights State IL Zip Code 60004

Amount of Each Receipt this Period
17.50

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Director FSS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 364.95

C.

Full Name (Last, First, Middle Initial)
NICK GEORGAKOPOULOS

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Mailing Address 1129 N Mitchell Ave

Transaction ID: A2009-4931348

City Arlington Heights State IL Zip Code 60004

Amount of Each Receipt this Period
17.50

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Director FSS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.45

SUBTOTAL of Receipts This Page (optional) ► 72.52

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) BONNIE S GILL	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1570 EDGEFIELD LANE	Transaction ID: A2009-4846041
	City State Zip Code HOFFMAN ESTATES IL 60169	Amount of Each Receipt this Period 31.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP State Team Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.36

B.	Full Name (Last, First, Middle Initial) BONNIE S GILL	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1570 EDGEFIELD LANE	Transaction ID: A2009-4931490
	City State Zip Code HOFFMAN ESTATES IL 60169	Amount of Each Receipt this Period 31.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP State Team Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 697.12

C.	Full Name (Last, First, Middle Initial) JOAN GILMORE	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 656 S BUCKINGHAM CT	Transaction ID: A2009-4845669
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claim Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 835.17

SUBTOTAL of Receipts This Page (optional)	103.29
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 84 / 274
(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

A. Full Name (Last, First, Middle Initial)
JOAN GILMORE
Mailing Address 656 S BUCKINGHAM CT
City LAKE FOREST State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Claim Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 874.94
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931118
Amount of Each Receipt this Period 39.77

B. Full Name (Last, First, Middle Initial)
WILLIAM T GOFF
Mailing Address 124 FLEETS COVE ROAD
City HUNTINGTON State NY Zip Code 11743
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Field Product Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 342.72
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845670
Amount of Each Receipt this Period 17.66

C. Full Name (Last, First, Middle Initial)
WILLIAM T GOFF
Mailing Address 124 FLEETS COVE ROAD
City HUNTINGTON State NY Zip Code 11743
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Field Product Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.38
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931119
Amount of Each Receipt this Period 17.66

SUBTOTAL of Receipts This Page (optional) ▶ 75.09
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) BRUCE R GOLDBERG		Date of Receipt
	Mailing Address 10 MULBERRY LN		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	Transaction ID: A2009-4845832
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="417.48"/>	<input type="text" value="19.88"/>

B.	Full Name (Last, First, Middle Initial) BRUCE R GOLDBERG		Date of Receipt
	Mailing Address 10 MULBERRY LN		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	Transaction ID: A2009-4931281
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="437.36"/>	<input type="text" value="19.88"/>

C.	Full Name (Last, First, Middle Initial) BRIAN D GORE		Date of Receipt
	Mailing Address 834 Greenwood Dr		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lindenhurst	IL	60046
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager	Transaction ID: A2009-4845666
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="339.06"/>	<input type="text" value="16.26"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="56.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 86 / 274

(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

A.

Full Name (Last, First, Middle Initial)
BRIAN D GORE

Mailing Address 834 Greenwood Dr

City State Zip Code
Lindenhurst IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claims Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 355.32

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931115

Amount of Each Receipt this Period

16.26

B.

Full Name (Last, First, Middle Initial)
ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Associate Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 699.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846086

Amount of Each Receipt this Period

33.45

C.

Full Name (Last, First, Middle Initial)
ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Associate Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 732.65

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931535

Amount of Each Receipt this Period

33.45

SUBTOTAL of Receipts This Page (optional)

83.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 274
(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

A.

Full Name (Last, First, Middle Initial)
GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City ODESSA State FL Zip Code 33556

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.53

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845770

Amount of Each Receipt this Period
 21.18

B.

Full Name (Last, First, Middle Initial)
GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City ODESSA State FL Zip Code 33556

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 453.71

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931219

Amount of Each Receipt this Period
 21.18

C.

Full Name (Last, First, Middle Initial)
PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 566.87

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846017

Amount of Each Receipt this Period
 27.12

SUBTOTAL of Receipts This Page (optional) ► 69.48

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

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

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

FOR LINE NUMBER: PAGE 88 / 274
(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

A. Full Name (Last, First, Middle Initial)
PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 593.99

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931466
Amount of Each Receipt this Period: 27.12

B. Full Name (Last, First, Middle Initial)
KELLIE H GREEN

Mailing Address 247 CHESHIRE ROAD

City State Zip Code
HUDSON OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 308.63

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845744
Amount of Each Receipt this Period: 14.98

C. Full Name (Last, First, Middle Initial)
KELLIE H GREEN

Mailing Address 247 CHESHIRE ROAD

City State Zip Code
HUDSON OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.61

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931193
Amount of Each Receipt this Period: 14.98

SUBTOTAL of Receipts This Page (optional) ► 57.08

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 274
(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

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

A.

Full Name (Last, First, Middle Initial)
JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP & Chief Investment Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845790

Amount of Each Receipt this Period
53.36

B.

Full Name (Last, First, Middle Initial)
JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP & Chief Investment Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1173.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931239

Amount of Each Receipt this Period
53.36

C.

Full Name (Last, First, Middle Initial)
MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City State Zip Code
WESTBURY NY 11590

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845691

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional) ► **123.07**

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

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

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

FOR LINE NUMBER: PAGE 90 / 274
(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

A. Full Name (Last, First, Middle Initial)
MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City WESTBURY State NY Zip Code 11590

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Support Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.00

Date of Receipt 10 / 23 / 2009

Transaction ID: A2009-4931140

Amount of Each Receipt this Period 16.35

B. Full Name (Last, First, Middle Initial)
ANN M GROSS

Mailing Address 91 STABLE WAY

City LINDENHURST State IL Zip Code 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 518.10

Date of Receipt 10 / 09 / 2009

Transaction ID: A2009-4845679

Amount of Each Receipt this Period 24.90

C. Full Name (Last, First, Middle Initial)
ANN M GROSS

Mailing Address 91 STABLE WAY

City LINDENHURST State IL Zip Code 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt 10 / 23 / 2009

Transaction ID: A2009-4931128

Amount of Each Receipt this Period 24.90

SUBTOTAL of Receipts This Page (optional) ► 66.15

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 274
(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

A.

Full Name (Last, First, Middle Initial)
GREGORY J GUIDOS

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 537.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845982

Amount of Each Receipt this Period
25.73

B.

Full Name (Last, First, Middle Initial)
GREGORY J GUIDOS

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 563.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931432

Amount of Each Receipt this Period
25.73

C.

Full Name (Last, First, Middle Initial)
DANIEL L GUTHRIE

Mailing Address 18889 W. GLENHURST DR.

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.06

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846013

Amount of Each Receipt this Period
13.45

SUBTOTAL of Receipts This Page (optional) ▶ **64.91**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 92 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DANIEL L GUTHRIE

Mailing Address 18889 W. GLENHURST DR.

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Field Product Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 283.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931462

Amount of Each Receipt this Period

13.45

B.

Full Name (Last, First, Middle Initial)
JOHN F HAAS

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
SCOTTSDALE AZ 85254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 403.93

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846068

Amount of Each Receipt this Period

19.28

C.

Full Name (Last, First, Middle Initial)
JOHN F HAAS

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
SCOTTSDALE AZ 85254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.21

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931517

Amount of Each Receipt this Period

19.28

SUBTOTAL of Receipts This Page (optional)

52.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1178.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845929

Amount of Each Receipt this Period
56.33

B.

Full Name (Last, First, Middle Initial)
JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1234.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931378

Amount of Each Receipt this Period
56.33

C.

Full Name (Last, First, Middle Initial)
ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Line of Busn Dir Auto-Sma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 556.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846087

Amount of Each Receipt this Period
26.51

SUBTOTAL of Receipts This Page (optional) ► **139.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 274
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Line of Busn Dir Auto-Sma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931536

Amount of Each Receipt this Period
26.51

B.

Full Name (Last, First, Middle Initial)
ROBERT HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS COURT

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.99

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845953

Amount of Each Receipt this Period
17.19

C.

Full Name (Last, First, Middle Initial)
ROBERT HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS COURT

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931403

Amount of Each Receipt this Period
17.19

SUBTOTAL of Receipts This Page (optional) ► 60.89

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 274
(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

A.

Full Name (Last, First, Middle Initial)
RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 731.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846050

Amount of Each Receipt this Period

35.01

B.

Full Name (Last, First, Middle Initial)
RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 766.91

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931499

Amount of Each Receipt this Period

35.01

C.

Full Name (Last, First, Middle Initial)
KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP AF Operations & Techn

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845783

Amount of Each Receipt this Period

25.19

SUBTOTAL of Receipts This Page (optional)

95.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 274
(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

A.

Full Name (Last, First, Middle Initial)
KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP AF Operations & Techn

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 409.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A2009-4931232

Amount of Each Receipt this Period

25.19

B.

Full Name (Last, First, Middle Initial)
DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1446.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	9

Transaction ID: A2009-4845781

Amount of Each Receipt this Period

69.38

C.

Full Name (Last, First, Middle Initial)
DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1515.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: A2009-4931230

Amount of Each Receipt this Period

69.38

SUBTOTAL of Receipts This Page (optional) ▶

163.95

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JASON J HEIGER

Mailing Address 990 INDIAN SPRING LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845661

Amount of Each Receipt this Period
13.94

B.

Full Name (Last, First, Middle Initial)
JASON J HEIGER

Mailing Address 990 INDIAN SPRING LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931110

Amount of Each Receipt this Period
13.94

C.

Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 526.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845806

Amount of Each Receipt this Period
25.14

SUBTOTAL of Receipts This Page (optional) ► 53.02

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 274
(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

A. Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 551.83

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931255

Amount of Each Receipt this Period
25.14

B. Full Name (Last, First, Middle Initial)
ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 688.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846010

Amount of Each Receipt this Period
32.96

C. Full Name (Last, First, Middle Initial)
ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 721.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931459

Amount of Each Receipt this Period
32.96

SUBTOTAL of Receipts This Page (optional) ► **91.06**

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

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

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

FOR LINE NUMBER: PAGE 99 / 274
(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

A. Full Name (Last, First, Middle Initial)
EDDIE H HILL

Mailing Address 8390 Burnt Chimney Road

City State Zip Code
Wirtz VA 24184

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845736

Amount of Each Receipt this Period
15.10

B. Full Name (Last, First, Middle Initial)
EDDIE H HILL

Mailing Address 8390 Burnt Chimney Road

City State Zip Code
Wirtz VA 24184

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931185

Amount of Each Receipt this Period
15.10

C. Full Name (Last, First, Middle Initial)
WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2088.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845746

Amount of Each Receipt this Period
100.26

SUBTOTAL of Receipts This Page (optional) ► **130.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 274
(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

A.

Full Name (Last, First, Middle Initial)
WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2188.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931195

Amount of Each Receipt this Period
100.26

B.

Full Name (Last, First, Middle Initial)
JANET E HILTON

Mailing Address 122 13TH ST

City State Zip Code
MANHATTAN BCH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 298.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845983

Amount of Each Receipt this Period
14.22

C.

Full Name (Last, First, Middle Initial)
JANET E HILTON

Mailing Address 122 13TH ST

City State Zip Code
MANHATTAN BCH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931433

Amount of Each Receipt this Period
14.22

SUBTOTAL of Receipts This Page (optional) ► 128.70

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 274
(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

A.

Full Name (Last, First, Middle Initial)
SHERYL L HODGES

Mailing Address 2510 OAK AVENUE

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.11

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845905
 Amount of Each Receipt this Period: 15.91

B.

Full Name (Last, First, Middle Initial)
SHERYL L HODGES

Mailing Address 2510 OAK AVENUE

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.02

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931354
 Amount of Each Receipt this Period: 15.91

C.

Full Name (Last, First, Middle Initial)
LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City Lake Forest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Investment Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 949.83

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846098
 Amount of Each Receipt this Period: 45.23

SUBTOTAL of Receipts This Page (optional) ► 77.05

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) LINDA M HONOUR		Date of Receipt
	Mailing Address 1066 Griffith Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation VP Investment Operations	Transaction ID: A2009-4931547
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 995.06	<input type="text"/> 45.23

B.	Full Name (Last, First, Middle Initial) MERRILD A HOOVER		Date of Receipt
	Mailing Address 49 DORAL STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	HURRICANE	WV	25526
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Market Sales Leader	Transaction ID: A2009-4845751
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 498.08	<input type="text"/> 23.83

C.	Full Name (Last, First, Middle Initial) MERRILD A HOOVER		Date of Receipt
	Mailing Address 49 DORAL STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	HURRICANE	WV	25526
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Market Sales Leader	Transaction ID: A2009-4931200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 521.91	<input type="text"/> 23.83

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 92.89
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 274						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) F M HORD		Date of Receipt	
	Mailing Address 1101 S. State Street 1002		M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-4845799
	Chicago	IL	60605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		31.52	
Name of Employer Allstate Insurance Company		Occupation Claims Service Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 658.82		

B.	Full Name (Last, First, Middle Initial) F M HORD		Date of Receipt	
	Mailing Address 1101 S. State Street 1002		M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-4931248
	Chicago	IL	60605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		31.52	
Name of Employer Allstate Insurance Company		Occupation Claims Service Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 690.34		

C.	Full Name (Last, First, Middle Initial) MARY L HUBER		Date of Receipt	
	Mailing Address 1532 NORTH BELMONT AVE.		M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-4846004
	ARLINGTON HTS.	IL	60004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.88	
Name of Employer Allstate Insurance Company		Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 417.48		

SUBTOTAL of Receipts This Page (optional)	▶	82.92
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 274
(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

A. Full Name (Last, First, Middle Initial)
MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931453

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
JACKSONVILLE FL 32259

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.91

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845728

Amount of Each Receipt this Period
15.61

C. Full Name (Last, First, Middle Initial)
MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
JACKSONVILLE FL 32259

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931177

Amount of Each Receipt this Period
15.61

SUBTOTAL of Receipts This Page (optional) ► **51.10**

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

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

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

FOR LINE NUMBER: PAGE 105 / 274
(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

A. Full Name (Last, First, Middle Initial)
STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 996.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845902

Amount of Each Receipt this Period
47.74

B. Full Name (Last, First, Middle Initial)
STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1044.43

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931351

Amount of Each Receipt this Period
47.74

C. Full Name (Last, First, Middle Initial)
MARIANO A IMBARRATO

Mailing Address 10825 CHUCER DRIVE

City State Zip Code
WILLOW SPRINGS IL 60480

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Actuary and Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845875

Amount of Each Receipt this Period
11.64

SUBTOTAL of Receipts This Page (optional) ► **107.12**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 274
(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

A. Full Name (Last, First, Middle Initial)
MARIANO A IMBARRATO

Mailing Address 10825 CHUCER DRIVE

City State Zip Code
WILLOW SPRINGS IL 60480

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Senior Actuary and Direct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.83

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931324

Amount of Each Receipt this Period 11.64

B. Full Name (Last, First, Middle Initial)
LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 609.07

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845851

Amount of Each Receipt this Period 29.27

C. Full Name (Last, First, Middle Initial)
LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 638.34

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931300

Amount of Each Receipt this Period 29.27

SUBTOTAL of Receipts This Page (optional) 70.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 274
(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

A. Full Name (Last, First, Middle Initial)
MICHAEL A JACKOWSKI
Mailing Address 3602 FRANKLIN CT.
City State Zip Code
CRYSTAL LAKE IL 60014
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Technology
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1694.73
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845833
Amount of Each Receipt this Period 81.08

B. Full Name (Last, First, Middle Initial)
MICHAEL A JACKOWSKI
Mailing Address 3602 FRANKLIN CT.
City State Zip Code
CRYSTAL LAKE IL 60014
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Technology
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1775.81
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931282
Amount of Each Receipt this Period 81.08

C. Full Name (Last, First, Middle Initial)
BOB A JACKSON
Mailing Address 226 Maison Court
City State Zip Code
Altamonte Springs FL 32714
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Regional Sales Leader
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 449.40
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4846057
Amount of Each Receipt this Period 21.50

SUBTOTAL of Receipts This Page (optional) ► 183.66
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 274
	<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

A.	Full Name (Last, First, Middle Initial) BOB A JACKSON		Date of Receipt
	Mailing Address 226 Maison Court		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Altamonte Springs	FL	32714
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4931506
Name of Employer Allstate Insurance Company		Occupation Regional Sales Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="470.90"/>	<input type="text" value="21.50"/>

B.	Full Name (Last, First, Middle Initial) CRAIG A JAMES		Date of Receipt
	Mailing Address 235 HEATHER AVE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRAYSLAKE	IL	60030
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4845975
Name of Employer Allstate Insurance Company		Occupation Allstate Financial Senior	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="267.98"/>	<input type="text" value="12.83"/>

C.	Full Name (Last, First, Middle Initial) CRAIG A JAMES		Date of Receipt
	Mailing Address 235 HEATHER AVE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRAYSLAKE	IL	60030
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4931425
Name of Employer Allstate Insurance Company		Occupation Allstate Financial Senior	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.81"/>	<input type="text" value="12.83"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="47.16"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 109 / 274
(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

A. Full Name (Last, First, Middle Initial)
JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845824

Amount of Each Receipt this Period
33.50

B. Full Name (Last, First, Middle Initial)
JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 733.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931273

Amount of Each Receipt this Period
33.50

C. Full Name (Last, First, Middle Initial)
JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845677

Amount of Each Receipt this Period
19.73

SUBTOTAL of Receipts This Page (optional) ► **86.73**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.31

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931126

Amount of Each Receipt this Period
19.73

B.

Full Name (Last, First, Middle Initial)
TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845994

Amount of Each Receipt this Period
16.78

C.

Full Name (Last, First, Middle Initial)
TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931443

Amount of Each Receipt this Period
16.78

SUBTOTAL of Receipts This Page (optional) ► 53.29

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 274

(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

A.

Full Name (Last, First, Middle Initial)
TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
PALATINE IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President & General

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1727.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845897

Amount of Each Receipt this Period

82.25

B.

Full Name (Last, First, Middle Initial)
TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
PALATINE IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President & General

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1809.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931346

Amount of Each Receipt this Period

82.25

C.

Full Name (Last, First, Middle Initial)
DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 834.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845930

Amount of Each Receipt this Period

39.75

SUBTOTAL of Receipts This Page (optional)

204.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 274

(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

A.

Full Name (Last, First, Middle Initial)
DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 874.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931379

Amount of Each Receipt this Period
39.75

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1054.42

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845656

Amount of Each Receipt this Period
50.32

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1104.74

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931105

Amount of Each Receipt this Period
50.32

SUBTOTAL of Receipts This Page (optional) ▶

140.39

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 274
(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

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

A.

Full Name (Last, First, Middle Initial)
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845827

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 869.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931276

Amount of Each Receipt this Period
39.77

C.

Full Name (Last, First, Middle Initial)
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 532.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845880

Amount of Each Receipt this Period
25.41

SUBTOTAL of Receipts This Page (optional) ► **104.95**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 274
	<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

A.	Full Name (Last, First, Middle Initial) PAUL N KIERIG	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 200 OXFORD RD	Transaction ID: A2009-4931329
	City State Zip Code Tower Lakes IL 60010	Amount of Each Receipt this Period 25.41
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 557.77	

B.	Full Name (Last, First, Middle Initial) BARBARA L KILROY	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1036 VINEYARD DRIVE	Transaction ID: A2009-4845734
	City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 18.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Audit Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 389.16	

C.	Full Name (Last, First, Middle Initial) BARBARA L KILROY	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1036 VINEYARD DRIVE	Transaction ID: A2009-4931183
	City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 18.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Audit Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 407.82	

SUBTOTAL of Receipts This Page (optional)	62.73
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 274
	<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

A.	Full Name (Last, First, Middle Initial) ANNE I KIM	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1580 SHERMAN AVE # 201	Transaction ID: A2009-4845971
	City State Zip Code EVANSTON IL 60201	Amount of Each Receipt this Period 19.59
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 408.54	

B.	Full Name (Last, First, Middle Initial) ANNE I KIM	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1580 SHERMAN AVE # 201	Transaction ID: A2009-4931421
	City State Zip Code EVANSTON IL 60201	Amount of Each Receipt this Period 19.59
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 428.13	

C.	Full Name (Last, First, Middle Initial) JAMES P KING	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 592 TURNER AVENUE	Transaction ID: A2009-4845960
	City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 36.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 767.55	

SUBTOTAL of Receipts This Page (optional)	75.73
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) JAMES P KING	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 592 TURNER AVENUE	Transaction ID: A2009-4931410
	City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 36.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 804.10	

B.	Full Name (Last, First, Middle Initial) Brian D Klemstein	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 608 Haddon Circle	Transaction ID: A2009-4846109
	City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 13.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.69	

C.	Full Name (Last, First, Middle Initial) Brian D Klemstein	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 608 Haddon Circle	Transaction ID: A2009-4931558
	City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 13.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.83	

SUBTOTAL of Receipts This Page (optional)	▶	62.83
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 274
	<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

A.	Full Name (Last, First, Middle Initial) STEVEN T KLODZINSKI	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 18699 W. State Line Road	Transaction ID: A2009-4845918
	City State Zip Code Antioch IL 60002	Amount of Each Receipt this Period 11.45
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Finance Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.41

B.	Full Name (Last, First, Middle Initial) STEVEN T KLODZINSKI	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 18699 W. State Line Road	Transaction ID: A2009-4931367
	City State Zip Code Antioch IL 60002	Amount of Each Receipt this Period 11.45
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Finance Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.86

C.	Full Name (Last, First, Middle Initial) JEFFREY D KNIPP	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 2050 GLENDALE AVE	Transaction ID: A2009-4846047
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 30.91
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 643.91

SUBTOTAL of Receipts This Page (optional)	53.81
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JEFFREY D KNIPP	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 2050 GLENDALE AVE	Transaction ID: A2009-4931496
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 30.91
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 674.82

B.	Full Name (Last, First, Middle Initial) CHRISTINE K Knudsen-Miner	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 25264 MCINTYRE SQUARE	Transaction ID: A2009-4845771
	City State Zip Code SOUTH RIDING VA 20152	Amount of Each Receipt this Period 27.02
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Senior State Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.42

C.	Full Name (Last, First, Middle Initial) CHRISTINE K Knudsen-Miner	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 25264 MCINTYRE SQUARE	Transaction ID: A2009-4931220
	City State Zip Code SOUTH RIDING VA 20152	Amount of Each Receipt this Period 27.02
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Senior State Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.44

SUBTOTAL of Receipts This Page (optional)	84.95
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 274
(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

A.

Full Name (Last, First, Middle Initial)
GARY L KOCHANЕК

Mailing Address 743 CARDIGAN CT

City NAPERVILLE State IL Zip Code 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 686.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845835

Amount of Each Receipt this Period
32.70

B.

Full Name (Last, First, Middle Initial)
GARY L KOCHANЕК

Mailing Address 743 CARDIGAN CT

City NAPERVILLE State IL Zip Code 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 719.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931284

Amount of Each Receipt this Period
32.70

C.

Full Name (Last, First, Middle Initial)
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City VERNON HILLS State IL Zip Code 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 835.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845831

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **105.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JOANNE L KRON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 341 N FIORE PARKWAY	Transaction ID: A2009-4931280
	City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company	Occupation Home Office Counsel
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.94

B.	Full Name (Last, First, Middle Initial) JAIKRISHNA KUCHIMANCHI	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1503 ALMADEN LN	Transaction ID: A2009-4845959
	City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 30.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.95

C.	Full Name (Last, First, Middle Initial) JAIKRISHNA KUCHIMANCHI	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 1503 ALMADEN LN	Transaction ID: A2009-4931409
	City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 30.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.85

SUBTOTAL of Receipts This Page (optional)	▶	101.57
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 274
	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL A LAMONICA	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 20580 HIGH RIDGE DR.	Transaction ID: A2009-4845884
	City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 69.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Product Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1452.32	

B.	Full Name (Last, First, Middle Initial) MICHAEL A LAMONICA	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 20580 HIGH RIDGE DR.	Transaction ID: A2009-4931333
	City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 69.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Product Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1521.64	

C.	Full Name (Last, First, Middle Initial) DEBORAH G LAWRENCE	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 910 S MICHIGAN AVE #1501	Transaction ID: A2009-4845800
	City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 19.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 417.48	

SUBTOTAL of Receipts This Page (optional)	158.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 274
(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

A. Full Name (Last, First, Middle Initial)
DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
CHICAGO IL 60605

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931249

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1631.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846053

Amount of Each Receipt this Period
78.24

C. Full Name (Last, First, Middle Initial)
PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1709.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931502

Amount of Each Receipt this Period
78.24

SUBTOTAL of Receipts This Page (optional) ► **176.36**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) MICHELLE LEE		Date of Receipt
	Mailing Address 1404 100TH AVENUE NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	BELLEVUE	WA	98004
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4846089
Name of Employer Allstate Insurance Company		Occupation Vice President Field	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 62.30
		<input type="text"/> 1300.75	

B.	Full Name (Last, First, Middle Initial) MICHELLE LEE		Date of Receipt
	Mailing Address 1404 100TH AVENUE NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	BELLEVUE	WA	98004
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931538
Name of Employer Allstate Insurance Company		Occupation Vice President Field	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 62.30
		<input type="text"/> 1363.05	

C.	Full Name (Last, First, Middle Initial) DAVID M LEEDS		Date of Receipt
	Mailing Address 815 KALAMAZOO CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	VERNON HILLS	IL	60061
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845658
Name of Employer Allstate Insurance Company		Occupation Senior Marketing Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 12.13
		<input type="text"/> 253.28	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 136.73
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) DAVID M LEEDS		Date of Receipt
	Mailing Address 815 KALAMAZOO CIRCLE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	VERNON HILLS	IL	60061
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Senior Marketing Manager	Transaction ID: A2009-4931107
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="265.41"/>	<input type="text" value="12.13"/>

B.	Full Name (Last, First, Middle Initial) SUSAN L LEES		Date of Receipt
	Mailing Address 1705 DARTMOUTH LN		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	DEERFIELD	IL	60015
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Vice President Sec & Gene	Transaction ID: A2009-4845655
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="601.89"/>	<input type="text" value="28.99"/>

C.	Full Name (Last, First, Middle Initial) SUSAN L LEES		Date of Receipt
	Mailing Address 1705 DARTMOUTH LN		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	DEERFIELD	IL	60015
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Vice President Sec & Gene	Transaction ID: A2009-4931104
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="630.88"/>	<input type="text" value="28.99"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="70.11"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 125 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.

Full Name (Last, First, Middle Initial)
ANDREW P LEICHT

Mailing Address 2318 Coach Rd.

City State Zip Code
Long Grove IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 599.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845840

Amount of Each Receipt this Period
26.54

B.

Full Name (Last, First, Middle Initial)
ANDREW P LEICHT

Mailing Address 2318 Coach Rd.

City State Zip Code
Long Grove IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931289

Amount of Each Receipt this Period
26.54

C.

Full Name (Last, First, Middle Initial)
NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 457.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845914

Amount of Each Receipt this Period
21.80

SUBTOTAL of Receipts This Page (optional) ► **74.88**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 274
(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

A. Full Name (Last, First, Middle Initial)
NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City ACWORTH State GA Zip Code 30101

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 479.60

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931363
Amount of Each Receipt this Period: 21.80

B. Full Name (Last, First, Middle Initial)
KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City HAWTHORN WOODS State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 404.87

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846070
Amount of Each Receipt this Period: 19.37

C. Full Name (Last, First, Middle Initial)
KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City HAWTHORN WOODS State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.24

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931519
Amount of Each Receipt this Period: 19.37

SUBTOTAL of Receipts This Page (optional) ► 60.54

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

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

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

FOR LINE NUMBER: PAGE 127 / 274
(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

A. Full Name (Last, First, Middle Initial)
CHARLES M LITTLE

Mailing Address 20 STONEGATE POINT

City State Zip Code
HOT SPRINGS AR 71913

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846021

Amount of Each Receipt this Period
13.97

B. Full Name (Last, First, Middle Initial)
CHARLES M LITTLE

Mailing Address 20 STONEGATE POINT

City State Zip Code
HOT SPRINGS AR 71913

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931470

Amount of Each Receipt this Period
13.97

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City State Zip Code
CHICAGO IL 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 626.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845896

Amount of Each Receipt this Period
30.05

SUBTOTAL of Receipts This Page (optional) ► 57.99

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 274
(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

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City State Zip Code
CHICAGO IL 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Associate Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 656.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931345

Amount of Each Receipt this Period

30.05

B.

Full Name (Last, First, Middle Initial)
RICHARD E LOTT

Mailing Address 4666 SW HAMMOCK CREEK DR

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sales Consultant Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 356.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845769

Amount of Each Receipt this Period

17.01

C.

Full Name (Last, First, Middle Initial)
RICHARD E LOTT

Mailing Address 4666 SW HAMMOCK CREEK DR

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sales Consultant Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 373.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931218

Amount of Each Receipt this Period

17.01

SUBTOTAL of Receipts This Page (optional) ▶

64.07

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 274

(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

A.

Full Name (Last, First, Middle Initial)
RHONDA J LOWE

Mailing Address 2568 Carrington Way

City State Zip Code
Frederick MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Market Claim Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 263.47

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845976

Amount of Each Receipt this Period

12.62

B.

Full Name (Last, First, Middle Initial)
RHONDA J LOWE

Mailing Address 2568 Carrington Way

City State Zip Code
Frederick MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Market Claim Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.09

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931426

Amount of Each Receipt this Period

12.62

C.

Full Name (Last, First, Middle Initial)
COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
SCHAUMBURG IL 60193

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Accounting Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.53

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845917

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

45.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 274
(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

<p>A. Full Name (Last, First, Middle Initial) COREY C LUECHT</p> <p>Mailing Address 843 Spring Cove Dr</p> <p>City State Zip Code SCHAUMBURG IL 60193</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Accounting Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 436.41</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 3 / 2 0 0 9</td> </tr> </table> <p>Transaction ID: A2009-4931366</p> <p>Amount of Each Receipt this Period 19.88</p> </p>	M M / D D / Y Y Y Y	1 0 / 2 3 / 2 0 0 9
M M / D D / Y Y Y Y			
1 0 / 2 3 / 2 0 0 9			

<p>B. Full Name (Last, First, Middle Initial) BENJAMIN E LUMICAO</p> <p>Mailing Address 343 S. DEARBORN ST., APT. 504</p> <p>City State Zip Code CHICAGO IL 60604</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Associate Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 689.54</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 0 9 / 2 0 0 9</td> </tr> </table> <p>Transaction ID: A2009-4845942</p> <p>Amount of Each Receipt this Period 33.14</p> </p>	M M / D D / Y Y Y Y	1 0 / 0 9 / 2 0 0 9
M M / D D / Y Y Y Y			
1 0 / 0 9 / 2 0 0 9			

<p>C. Full Name (Last, First, Middle Initial) BENJAMIN E LUMICAO</p> <p>Mailing Address 343 S. DEARBORN ST., APT. 504</p> <p>City State Zip Code CHICAGO IL 60604</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Associate Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 722.68</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 3 / 2 0 0 9</td> </tr> </table> <p>Transaction ID: A2009-4931392</p> <p>Amount of Each Receipt this Period 33.14</p> </p>	M M / D D / Y Y Y Y	1 0 / 2 3 / 2 0 0 9
M M / D D / Y Y Y Y			
1 0 / 2 3 / 2 0 0 9			

SUBTOTAL of Receipts This Page (optional)	86.16
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 623.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846003

Amount of Each Receipt this Period
29.96

B.

Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931452

Amount of Each Receipt this Period
29.96

C.

Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 835.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845680

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 99.69

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

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

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

FOR LINE NUMBER: PAGE 132 / 274
(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

A. Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 874.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931129

Amount of Each Receipt this Period
39.77

B. Full Name (Last, First, Middle Initial)
KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 397.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845986

Amount of Each Receipt this Period
14.96

C. Full Name (Last, First, Middle Initial)
KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 412.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931436

Amount of Each Receipt this Period
14.96

SUBTOTAL of Receipts This Page (optional) ► **69.69**

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

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

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

FOR LINE NUMBER: PAGE 133 / 274
(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

A. Full Name (Last, First, Middle Initial)
DENISE MANDIGO

Mailing Address 38727 N DREXEL

City State Zip Code
ANTIOCH IL 60002

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845829

Amount of Each Receipt this Period
16.35

B. Full Name (Last, First, Middle Initial)
DENISE MANDIGO

Mailing Address 38727 N DREXEL

City State Zip Code
ANTIOCH IL 60002

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931278

Amount of Each Receipt this Period
16.35

C. Full Name (Last, First, Middle Initial)
KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845843

Amount of Each Receipt this Period
19.36

SUBTOTAL of Receipts This Page (optional) ► 52.06

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 274
(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

A. Full Name (Last, First, Middle Initial)
KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931292

Amount of Each Receipt this Period
19.36

B. Full Name (Last, First, Middle Initial)
MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 791.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845920

Amount of Each Receipt this Period
37.67

C. Full Name (Last, First, Middle Initial)
MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 828.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931369

Amount of Each Receipt this Period
37.67

SUBTOTAL of Receipts This Page (optional) ► 94.70

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 274
(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

A.

Full Name (Last, First, Middle Initial)
Rhonda J Masser

Mailing Address 856 SPRINGHILL CT

City State Zip Code
ELGIN IL 60120

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845805

Amount of Each Receipt this Period
17.09

B.

Full Name (Last, First, Middle Initial)
Rhonda J Masser

Mailing Address 856 SPRINGHILL CT

City State Zip Code
ELGIN IL 60120

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.73

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931254

Amount of Each Receipt this Period
17.09

C.

Full Name (Last, First, Middle Initial)
JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
LAKE BLUFF IL 60044

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845943

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 54.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 274
	<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

A.	Full Name (Last, First, Middle Initial) JOHN R MATHEWS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 401 E NORTH AVENUE	Transaction ID: A2009-4931393
	City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 19.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 437.36	

B.	Full Name (Last, First, Middle Initial) HEATHER A MAURER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1912 ASHBURY LANE	Transaction ID: A2009-4845874
	City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 15.11
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.46	

C.	Full Name (Last, First, Middle Initial) HEATHER A MAURER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 1912 ASHBURY LANE	Transaction ID: A2009-4931323
	City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 15.11
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.57	

SUBTOTAL of Receipts This Page (optional)	50.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) W. D Mays		Date of Receipt
	Mailing Address 1804 Prairie St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	Glenview	IL	60025
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845745
Name of Employer Allstate Insurance Company		Occupation Operations Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 19.31
		<input type="text"/> 401.81	

B.	Full Name (Last, First, Middle Initial) W. D Mays		Date of Receipt
	Mailing Address 1804 Prairie St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Glenview	IL	60025
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931194
Name of Employer Allstate Insurance Company		Occupation Operations Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 19.31
		<input type="text"/> 421.12	

C.	Full Name (Last, First, Middle Initial) MARY J MC GINN		Date of Receipt
	Mailing Address 155 BUCKLEY ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	BARRINGTON HILL	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845928
Name of Employer Allstate Insurance Company		Occupation Vice President & Deputy G	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 79.28
		<input type="text"/> 1657.08	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 117.90
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 274
(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

<p>A. Full Name (Last, First, Middle Initial) MARY J MC GINN</p> <p>Mailing Address 155 BUCKLEY ROAD</p> <p>City State Zip Code BARRINGTON HILL IL 60010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Vice President & Deputy G</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1736.36</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9</p> <p>Transaction ID: A2009-4931377</p> <p>Amount of Each Receipt this Period 79.28</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) JOHN A MC LAUGHLIN</p> <p>Mailing Address 25748 N. Stoney Kirk Ct.</p> <p>City State Zip Code Hawthorn Woods IL 60047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 834.96</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 9</p> <p>Transaction ID: A2009-4845868</p> <p>Amount of Each Receipt this Period 39.76</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) JOHN A MC LAUGHLIN</p> <p>Mailing Address 25748 N. Stoney Kirk Ct.</p> <p>City State Zip Code Hawthorn Woods IL 60047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 874.72</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9</p> <p>Transaction ID: A2009-4931317</p> <p>Amount of Each Receipt this Period 39.76</p>
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SUBTOTAL of Receipts This Page (optional)	158.80
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 274
(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

A.

Full Name (Last, First, Middle Initial)
YULUNDA K MCALISTER

Mailing Address 229 Felicity Street

City State Zip Code
Bay St. Louis MS 39520

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846024

Amount of Each Receipt this Period
12.22

B.

Full Name (Last, First, Middle Initial)
YULUNDA K MCALISTER

Mailing Address 229 Felicity Street

City State Zip Code
Bay St. Louis MS 39520

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931473

Amount of Each Receipt this Period
12.22

C.

Full Name (Last, First, Middle Initial)
SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AF Sr Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845926

Amount of Each Receipt this Period
15.69

SUBTOTAL of Receipts This Page (optional) ► **40.13**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 140 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) SALLY J MCCARTHY	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1036 ROLLING PASS	Transaction ID: A2009-4931375
	City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 15.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AF Sr Marketing Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 339.33	

B.	Full Name (Last, First, Middle Initial) BRIAN D MCCLELLAN	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1330 Berkshire Ln	Transaction ID: A2009-4845924
	City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 16.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 338.14	

C.	Full Name (Last, First, Middle Initial) BRIAN D MCCLELLAN	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1330 Berkshire Ln	Transaction ID: A2009-4931373
	City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 16.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.28	

SUBTOTAL of Receipts This Page (optional)	47.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 274

(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

A.

Full Name (Last, First, Middle Initial)
LINDA H MCCLELLAN

Mailing Address 5561 Hilltop Lane

City State Zip Code
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Technical Claim Process S

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846030

Amount of Each Receipt this Period
13.94

B.

Full Name (Last, First, Middle Initial)
LINDA H MCCLELLAN

Mailing Address 5561 Hilltop Lane

City State Zip Code
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Technical Claim Process S

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 304.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931479

Amount of Each Receipt this Period
13.94

C.

Full Name (Last, First, Middle Initial)
JOSEPH P MCCORMICK

Mailing Address 808 PARKDALE CT.

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Senior Field Corporate Re

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 343.35

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845731

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional) ►

44.23

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 274
(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

A. Full Name (Last, First, Middle Initial)
JOSEPH P MCCORMICK

Mailing Address 808 PARKDALE CT.

City SOUTHLAKE State TX Zip Code 76092

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931180
Amount of Each Receipt this Period: 16.35

B. Full Name (Last, First, Middle Initial)
MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City GURNEE State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.81

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846071
Amount of Each Receipt this Period: 23.71

C. Full Name (Last, First, Middle Initial)
MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City GURNEE State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.52

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931520
Amount of Each Receipt this Period: 23.71

SUBTOTAL of Receipts This Page (optional) ▶ 63.77

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 274
(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

A.

Full Name (Last, First, Middle Initial)
EVA M MCINTEE

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846066

Amount of Each Receipt this Period
35.11

B.

Full Name (Last, First, Middle Initial)
EVA M MCINTEE

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931515

Amount of Each Receipt this Period
35.11

C.

Full Name (Last, First, Middle Initial)
MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City State Zip Code
Parker CO 80134

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 534.66

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845739

Amount of Each Receipt this Period
25.61

SUBTOTAL of Receipts This Page (optional) ► **95.83**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 274
	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL MCKINNEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 5065 Raintree Circle	Transaction ID: A2009-4931188
	City State Zip Code Parker CO 80134	Amount of Each Receipt this Period 25.61
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Field Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.27	

B.	Full Name (Last, First, Middle Initial) PATRICIA S MCPHERSON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 3133 N. Walker Lane West	Transaction ID: A2009-4846076
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Field Product Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 343.35	

C.	Full Name (Last, First, Middle Initial) PATRICIA S MCPHERSON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 3133 N. Walker Lane West	Transaction ID: A2009-4931525
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Field Product Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 359.70	

SUBTOTAL of Receipts This Page (optional)	58.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 274
	<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

A.	Full Name (Last, First, Middle Initial) JEFFREY J MCRAE		Date of Receipt
	Mailing Address 83 Arcadia Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	LAKE ZURICH	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845779
Name of Employer Allstate Insurance Company		Occupation AVP Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 487.95	<input type="text"/> 23.45

B.	Full Name (Last, First, Middle Initial) JEFFREY J MCRAE		Date of Receipt
	Mailing Address 83 Arcadia Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	LAKE ZURICH	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931228
Name of Employer Allstate Insurance Company		Occupation AVP Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 511.40	<input type="text"/> 23.45

C.	Full Name (Last, First, Middle Initial) STACY L MCWHORTER		Date of Receipt
	Mailing Address 6345 OLD FARM LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	GURNEE	IL	60031
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845956
Name of Employer Allstate Insurance Company		Occupation AF Operations Dept Mgr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.58	<input type="text"/> 12.13

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 59.03
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 274
(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

A. Full Name (Last, First, Middle Initial)
STACY L MCWHORTER

Mailing Address 6345 OLD FARM LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AF Operations Dept Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931406

Amount of Each Receipt this Period
12.13

B. Full Name (Last, First, Middle Initial)
DANIEL K MEHIGAN

Mailing Address 1829 GATEWOOD DR

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AF Operations Dept Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845998

Amount of Each Receipt this Period
12.30

C. Full Name (Last, First, Middle Initial)
DANIEL K MEHIGAN

Mailing Address 1829 GATEWOOD DR

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AF Operations Dept Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931447

Amount of Each Receipt this Period
12.30

SUBTOTAL of Receipts This Page (optional) ► 36.73

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) TENA MELFI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9		
	Mailing Address 333 E Woodland Rd		Transaction ID: A2009-4846106		
	City Lake Bluff	State IL	Zip Code 60044	Amount of Each Receipt this Period 20.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 424.06			

B.	Full Name (Last, First, Middle Initial) TENA MELFI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9		
	Mailing Address 333 E Woodland Rd		Transaction ID: A2009-4931555		
	City Lake Bluff	State IL	Zip Code 60044	Amount of Each Receipt this Period 20.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 444.83			

C.	Full Name (Last, First, Middle Initial) GARY A MELLINI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9		
	Mailing Address 21050 PRESTWICK DRIVE		Transaction ID: A2009-4845672		
	City BARRINGTON	State IL	Zip Code 60010	Amount of Each Receipt this Period 34.68	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 723.08			

SUBTOTAL of Receipts This Page (optional)	▶	76.22
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 148 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) GARY A MELLINI		Date of Receipt
	Mailing Address 21050 PRESTWICK DRIVE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Vice President PCCSO Fiel	Transaction ID: A2009-4931121
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="757.76"/>	<input type="text" value="34.68"/>

B.	Full Name (Last, First, Middle Initial) HANS H METZINGER		Date of Receipt
	Mailing Address 407 E. CLAIRE LANE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	PROSPECT HTS	IL	60070
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Sales Support Leader	Transaction ID: A2009-4845908
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="343.35"/>	<input type="text" value="16.35"/>

C.	Full Name (Last, First, Middle Initial) HANS H METZINGER		Date of Receipt
	Mailing Address 407 E. CLAIRE LANE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	PROSPECT HTS	IL	60070
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Sales Support Leader	Transaction ID: A2009-4931357
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="359.70"/>	<input type="text" value="16.35"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="67.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 149 / 274
(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

A. Full Name (Last, First, Middle Initial)
JOHN W MICHELI
Mailing Address 1328 FOREVER AVE
City LIBERTYVILLE State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 361.84
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845681
Amount of Each Receipt this Period 17.29

B. Full Name (Last, First, Middle Initial)
JOHN W MICHELI
Mailing Address 1328 FOREVER AVE
City LIBERTYVILLE State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 379.13
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931130
Amount of Each Receipt this Period 17.29

C. Full Name (Last, First, Middle Initial)
FREDERICK J MILLER
Mailing Address 6975 MEADOW POINT TER
City NEW MARKET State MD Zip Code 21774
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Regional EB Leader
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 552.02
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845796
Amount of Each Receipt this Period 26.47

SUBTOTAL of Receipts This Page (optional) ► 61.05
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 150 / 274
(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

A. Full Name (Last, First, Middle Initial)
FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
NEW MARKET MD 21774

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional EB Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 578.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931245

Amount of Each Receipt this Period
26.47

B. Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 469.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845979

Amount of Each Receipt this Period
22.52

C. Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 492.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931429

Amount of Each Receipt this Period
22.52

SUBTOTAL of Receipts This Page (optional) ► 71.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) APRIL A MINKUS		Date of Receipt
	Mailing Address 1056 GREENTREE Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	DEERFIELD	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845901
Name of Employer Allstate Insurance Company		Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 329.87	<input type="text"/> 15.83

B.	Full Name (Last, First, Middle Initial) APRIL A MINKUS		Date of Receipt
	Mailing Address 1056 GREENTREE Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	DEERFIELD	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931350
Name of Employer Allstate Insurance Company		Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.70	<input type="text"/> 15.83

C.	Full Name (Last, First, Middle Initial) ALLISON MISQUEZ		Date of Receipt
	Mailing Address 1234 Diana Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	Upland	CA	91786
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4846080
Name of Employer Allstate Insurance Company		Occupation Territory Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.64	<input type="text"/> 14.19

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.85
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 274
(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

A. Full Name (Last, First, Middle Initial)
ALLISON MISQUEZ

Mailing Address 1234 Diana Court

City Upland State CA Zip Code 91786

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.83

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931529
 Amount of Each Receipt this Period: 14.19

B. Full Name (Last, First, Middle Initial)
ALLISON L MOE

Mailing Address 215 Brampton Lane

City Lake Forest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.64

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845873
 Amount of Each Receipt this Period: 17.34

C. Full Name (Last, First, Middle Initial)
ALLISON L MOE

Mailing Address 215 Brampton Lane

City Lake Forest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 377.98

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931322
 Amount of Each Receipt this Period: 17.34

SUBTOTAL of Receipts This Page (optional) ► 48.87

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 274

(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

A.

Full Name (Last, First, Middle Initial)
MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP PCCSO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 491.89

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845852

Amount of Each Receipt this Period

23.64

B.

Full Name (Last, First, Middle Initial)
MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP PCCSO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 515.53

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931301

Amount of Each Receipt this Period

23.64

C.

Full Name (Last, First, Middle Initial)
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City State Zip Code
EDMONDS WA 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Controller

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 343.35

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846075

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

63.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 274
(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

A.

Full Name (Last, First, Middle Initial)
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City State Zip Code
EDMONDS WA 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931524

Amount of Each Receipt this Period
16.35

B.

Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 834.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845946

Amount of Each Receipt this Period
39.76

C.

Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 882.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931396

Amount of Each Receipt this Period
47.53

SUBTOTAL of Receipts This Page (optional) ► 103.64

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

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

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

FOR LINE NUMBER: PAGE 155 / 274
(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

A. Full Name (Last, First, Middle Initial)
J R MOSELEY III, III

Mailing Address 1709 Montclair Blvd

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845755

Amount of Each Receipt this Period
14.89

B. Full Name (Last, First, Middle Initial)
J R MOSELEY III, III

Mailing Address 1709 Montclair Blvd

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931204

Amount of Each Receipt this Period
14.89

C. Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Research Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845847

Amount of Each Receipt this Period
28.35

SUBTOTAL of Receipts This Page (optional) ► **58.13**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Research Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 623.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931296

Amount of Each Receipt this Period
28.35

B.

Full Name (Last, First, Middle Initial)
DAVID J MUELLER

Mailing Address 642 Maple Lane

City State Zip Code
Batavia IL 60510

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Security Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 259.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845883

Amount of Each Receipt this Period
12.43

C.

Full Name (Last, First, Middle Initial)
DAVID J MUELLER

Mailing Address 642 Maple Lane

City State Zip Code
Batavia IL 60510

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Security Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.66

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931332

Amount of Each Receipt this Period
12.43

SUBTOTAL of Receipts This Page (optional) ► 53.21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 274
	<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

A.	Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-4845737
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 33.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 693.07	

B.	Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-4931186
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 33.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 726.34	

C.	Full Name (Last, First, Middle Initial) MICHAEL F MULVIHILL	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-4845836
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 39.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 816.09	

SUBTOTAL of Receipts This Page (optional)	105.63
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 158 / 274
(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

<p>A. Full Name (Last, First, Middle Initial) MICHAEL F MULVIHILL</p> <p>Mailing Address 2445 CHERRY LANE</p> <p>City State Zip Code NORTHBROOK IL 60062</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 855.18</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9</p> <p>Transaction ID: A2009-4931285</p> <p>Amount of Each Receipt this Period 39.09</p>
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<p>B. Full Name (Last, First, Middle Initial) MICHAEL A MURPHY</p> <p>Mailing Address 1908 N. Silver Lake Road</p> <p>City State Zip Code Arlington Heights IL 60004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 835.17</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 9</p> <p>Transaction ID: A2009-4846036</p> <p>Amount of Each Receipt this Period 39.77</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) MICHAEL A MURPHY</p> <p>Mailing Address 1908 N. Silver Lake Road</p> <p>City State Zip Code Arlington Heights IL 60004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 874.94</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9</p> <p>Transaction ID: A2009-4931485</p> <p>Amount of Each Receipt this Period 39.77</p>
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SUBTOTAL of Receipts This Page (optional)	118.63
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 159 / 274

(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

A.

Full Name (Last, First, Middle Initial)
LINDA J MYERS

Mailing Address 3105 Pheasant Creek Drive

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Tax Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 342.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846025

Amount of Each Receipt this Period

16.32

B.

Full Name (Last, First, Middle Initial)
LINDA J MYERS

Mailing Address 3105 Pheasant Creek Drive

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Tax Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 358.39

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931474

Amount of Each Receipt this Period

16.32

C.

Full Name (Last, First, Middle Initial)
DON J MYKETIAK

Mailing Address 28W770 HAWTHORNE LANE

City State Zip Code
WEST CHICAGO IL 60185

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 265.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845907

Amount of Each Receipt this Period

12.77

SUBTOTAL of Receipts This Page (optional)

45.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DON J MYKETIAK

Mailing Address 28W770 HAWTHORNE LANE

City State Zip Code
WEST CHICAGO IL 60185

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931356

Amount of Each Receipt this Period
12.77

B.

Full Name (Last, First, Middle Initial)
DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1158.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845969

Amount of Each Receipt this Period
55.92

C.

Full Name (Last, First, Middle Initial)
DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1214.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931419

Amount of Each Receipt this Period
55.92

SUBTOTAL of Receipts This Page (optional) ► 124.61

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 / 274

(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

A.

Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
SCHAUMBURG IL 60194

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 796.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845862

Amount of Each Receipt this Period

37.95

B.

Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
SCHAUMBURG IL 60194

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 834.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931311

Amount of Each Receipt this Period

37.95

C.

Full Name (Last, First, Middle Initial)
JOAN M NAUGHTON

Mailing Address 650 MALIBOU

City State Zip Code
PALATINE IL 60074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Marketing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845944

Amount of Each Receipt this Period

19.84

SUBTOTAL of Receipts This Page (optional)

95.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 162 / 274

(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

A.

Full Name (Last, First, Middle Initial)
JOAN M NAUGHTON

Mailing Address 650 MALIBOU

City State Zip Code
PALATINE IL 60074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Marketing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 435.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931394

Amount of Each Receipt this Period

19.84

B.

Full Name (Last, First, Middle Initial)
DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
LAKE BARRINGTON IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Technology

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2433.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845816

Amount of Each Receipt this Period

116.54

C.

Full Name (Last, First, Middle Initial)
DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
LAKE BARRINGTON IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Technology

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2549.68

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931265

Amount of Each Receipt this Period

116.54

SUBTOTAL of Receipts This Page (optional) ▶

252.92

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 / 274
(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

A.

Full Name (Last, First, Middle Initial)
PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Human Reso

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1130.13

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846038

Amount of Each Receipt this Period
54.13

B.

Full Name (Last, First, Middle Initial)
PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Human Reso

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1184.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931487

Amount of Each Receipt this Period
54.13

C.

Full Name (Last, First, Middle Initial)
THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 644.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845961

Amount of Each Receipt this Period
30.78

SUBTOTAL of Receipts This Page (optional) ► **139.04**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 274
(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

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

A.

Full Name (Last, First, Middle Initial)
THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 674.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931411

Amount of Each Receipt this Period
30.78

B.

Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 649.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846101

Amount of Each Receipt this Period
39.77

C.

Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 689.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931550

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **110.32**

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

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

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

FOR LINE NUMBER: PAGE 165 / 274
(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

A. Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1352.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846112

Amount of Each Receipt this Period
64.73

B. Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1417.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931561

Amount of Each Receipt this Period
64.73

C. Full Name (Last, First, Middle Initial)
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845807

Amount of Each Receipt this Period
19.74

SUBTOTAL of Receipts This Page (optional) ► 149.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 274

(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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Operations Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 431.43

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931256

Amount of Each Receipt this Period
19.74

B.

Full Name (Last, First, Middle Initial)
JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code
MOUNT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 343.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845937

Amount of Each Receipt this Period
16.35

C.

Full Name (Last, First, Middle Initial)
JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code
MOUNT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 359.70

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931386

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional)

52.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 167 / 274
(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

A.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 617.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845695

Amount of Each Receipt this Period
29.52

B.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 647.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931144

Amount of Each Receipt this Period
29.52

C.

Full Name (Last, First, Middle Initial)
BRIAN G O'SULLIVAN

Mailing Address 1609 ONEIDA COURT

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845948

Amount of Each Receipt this Period
14.75

SUBTOTAL of Receipts This Page (optional) ► **73.79**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 274
	<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

A.	Full Name (Last, First, Middle Initial) BRIAN G O'SULLIVAN	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1609 ONEIDA COURT	Transaction ID: A2009-4931398
	City State Zip Code MT PROSPECT IL 60056	Amount of Each Receipt this Period 14.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.61	

B.	Full Name (Last, First, Middle Initial) ANGELA P O'TOOLE	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 611 SILVER BERRY DRIVE	Transaction ID: A2009-4845900
	City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 16.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 339.49	

C.	Full Name (Last, First, Middle Initial) ANGELA P O'TOOLE	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 611 SILVER BERRY DRIVE	Transaction ID: A2009-4931349
	City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 16.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.83	

SUBTOTAL of Receipts This Page (optional)	47.43
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 274
(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

A. Full Name (Last, First, Middle Initial)
MICHAEL C OCONNOR

Mailing Address 1231 Isabella Street

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845838

Amount of Each Receipt this Period
13.35

B. Full Name (Last, First, Middle Initial)
MICHAEL C OCONNOR

Mailing Address 1231 Isabella Street

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931287

Amount of Each Receipt this Period
13.35

C. Full Name (Last, First, Middle Initial)
ROGER D ODLE II, II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 829.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845935

Amount of Each Receipt this Period
39.67

SUBTOTAL of Receipts This Page (optional) ► **66.37**

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

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

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

FOR LINE NUMBER: PAGE 170 / 274
(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

A. Full Name (Last, First, Middle Initial)
ROGER D ODLE II, II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 868.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931384

Amount of Each Receipt this Period
39.67

B. Full Name (Last, First, Middle Initial)
KATHY A OLCESE

Mailing Address 133 S. Mitchell

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 523.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845798

Amount of Each Receipt this Period
25.10

C. Full Name (Last, First, Middle Initial)
KATHY A OLCESE

Mailing Address 133 S. Mitchell

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 548.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931247

Amount of Each Receipt this Period
25.10

SUBTOTAL of Receipts This Page (optional) ► 89.87

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 171 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JAMES L OSBORNE		Date of Receipt
	Mailing Address 1224 ST. WILLIAM		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LIBERTYVILLE	IL	60048
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4846026
Name of Employer Allstate Insurance Company		Occupation Vice President PCCSO Fiel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1444.64"/>	<input type="text" value="69.29"/>

B.	Full Name (Last, First, Middle Initial) JAMES L OSBORNE		Date of Receipt
	Mailing Address 1224 ST. WILLIAM		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LIBERTYVILLE	IL	60048
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931475
Name of Employer Allstate Insurance Company		Occupation Vice President PCCSO Fiel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1513.93"/>	<input type="text" value="69.29"/>

C.	Full Name (Last, First, Middle Initial) PAMELA J OVERTON		Date of Receipt
	Mailing Address 23475 W. Newhaven Dr.		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hawthorn Woods	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845777
Name of Employer Allstate Insurance Company		Occupation AVP PCCSO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="884.57"/>	<input type="text" value="42.37"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="180.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 172 / 274
(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

A.

Full Name (Last, First, Middle Initial)
PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 926.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931226

Amount of Each Receipt this Period
42.37

B.

Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845732

Amount of Each Receipt this Period
42.35

C.

Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 907.47

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931181

Amount of Each Receipt this Period
42.35

SUBTOTAL of Receipts This Page (optional) ► **127.07**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MAYUR M PATEL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 742 E PARKVIEW CT	Transaction ID: A2009-4845864
	City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 31.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 656.04	

B.	Full Name (Last, First, Middle Initial) MAYUR M PATEL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 742 E PARKVIEW CT	Transaction ID: A2009-4931313
	City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 31.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 687.28	

C.	Full Name (Last, First, Middle Initial) CHARLES PAUL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 301 CAMELOT LANE	Transaction ID: A2009-4845721
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 76.26
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation General Vice President Em Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1592.16	

SUBTOTAL of Receipts This Page (optional)	▶	138.74
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 174 / 274
(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

A. Full Name (Last, First, Middle Initial)
CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation General Vice President Em

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1668.42

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931170

Amount of Each Receipt this Period 76.26

B. Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 633.36

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845910

Amount of Each Receipt this Period 30.16

C. Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 663.52

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931359

Amount of Each Receipt this Period 30.16

SUBTOTAL of Receipts This Page (optional) ► 136.58

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 274
(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

A.

Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1072.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845685

Amount of Each Receipt this Period
51.55

B.

Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1124.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: A2009-4931134

Amount of Each Receipt this Period
51.55

C.

Full Name (Last, First, Middle Initial)
NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code
ROCKFORD IL 61114

FEC ID number of contributing federal political committee. C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: A2009-4845933

Amount of Each Receipt this Period
19.29

SUBTOTAL of Receipts This Page (optional) 122.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) NANCY A PERRY	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 3575 CALDERWOOD DR	Transaction ID: A2009-4931382
	City State Zip Code ROCKFORD IL 61114	Amount of Each Receipt this Period 19.29
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 419.93	

B.	Full Name (Last, First, Middle Initial) JOHN M PETERS	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 6727 N Sioux Ave	Transaction ID: A2009-4846078
	City State Zip Code CHICAGO IL 60646	Amount of Each Receipt this Period 30.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 627.89	

C.	Full Name (Last, First, Middle Initial) JOHN M PETERS	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 6727 N Sioux Ave	Transaction ID: A2009-4931527
	City State Zip Code CHICAGO IL 60646	Amount of Each Receipt this Period 30.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 657.98	

SUBTOTAL of Receipts This Page (optional)	▶	79.47
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 274
(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

A.

Full Name (Last, First, Middle Initial)
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 647.56

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846100

Amount of Each Receipt this Period

30.91

B.

Full Name (Last, First, Middle Initial)
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 678.47

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931549

Amount of Each Receipt this Period

30.91

C.

Full Name (Last, First, Middle Initial)
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1064.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845684

Amount of Each Receipt this Period

50.81

SUBTOTAL of Receipts This Page (optional)

112.63

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) STEVEN A PETTI		Date of Receipt
	Mailing Address 580 SALCEDA DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	MUNDELEIN	IL	60060
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931133
Name of Employer Allstate Insurance Company		Occupation AVP Property & Casualty F	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.81
		<input type="text"/> 1115.32	

B.	Full Name (Last, First, Middle Initial) JOHN C PINTOZZI		Date of Receipt
	Mailing Address 2116 W CHURCHILL ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	CHICAGO	IL	60647
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845815
Name of Employer Allstate Insurance Company		Occupation Vice President Finance -	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 71.19
		<input type="text"/> 1486.29	

C.	Full Name (Last, First, Middle Initial) JOHN C PINTOZZI		Date of Receipt
	Mailing Address 2116 W CHURCHILL ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	CHICAGO	IL	60647
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931264
Name of Employer Allstate Insurance Company		Occupation Vice President Finance -	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 71.19
		<input type="text"/> 1557.48	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 193.19
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) Mark D Pitchford		Date of Receipt
	Mailing Address 653 Hinman Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Evanston	IL	60202
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4846104
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company		Occupation VP Direct Distribution	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	65.91
		<input type="text"/>	1377.66

B.	Full Name (Last, First, Middle Initial) Mark D Pitchford		Date of Receipt
	Mailing Address 653 Hinman Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Evanston	IL	60202
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4931553
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company		Occupation VP Direct Distribution	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	65.91
		<input type="text"/>	1443.57

C.	Full Name (Last, First, Middle Initial) RICHARD E PORTER		Date of Receipt
	Mailing Address 20827 36TH PL W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LYNNWOOD	WA	98036
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-4846074
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company		Occupation Staff Claims Service Adju	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	10.64
		<input type="text"/>	222.94

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 274
(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

A.

Full Name (Last, First, Middle Initial)
RICHARD E PORTER

Mailing Address 20827 36TH PL W

City State Zip Code
LYNNWOOD WA 98036

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Staff Claims Service Adju

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931523

Amount of Each Receipt this Period
10.64

B.

Full Name (Last, First, Middle Initial)
DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 984.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845678

Amount of Each Receipt this Period
47.08

C.

Full Name (Last, First, Middle Initial)
DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931127

Amount of Each Receipt this Period
47.08

SUBTOTAL of Receipts This Page (optional) ► 104.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) THOMAS G PURTELL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 22663 CHESHIRE COURT	Transaction ID: A2009-4845965
	City State Zip Code DEER PARK IL 60010	Amount of Each Receipt this Period 21.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.80

B.	Full Name (Last, First, Middle Initial) THOMAS G PURTELL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 22663 CHESHIRE COURT	Transaction ID: A2009-4931415
	City State Zip Code DEER PARK IL 60010	Amount of Each Receipt this Period 21.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.60

C.	Full Name (Last, First, Middle Initial) JORGE A QUEZADA	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1407 W. GROVE ST	Transaction ID: A2009-4846090
	City State Zip Code ARLINGTON HGTS IL 60005	Amount of Each Receipt this Period 32.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Product Operations Direct Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 671.02

SUBTOTAL of Receipts This Page (optional)	75.92
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 182 / 274
(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

A. Full Name (Last, First, Middle Initial)
JORGE A QUEZADA
Mailing Address 1407 W. GROVE ST
City ARLINGTON HGTS State IL Zip Code 60005
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Product Operations Direct
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 703.34
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931539
Amount of Each Receipt this Period 32.32

B. Full Name (Last, First, Middle Initial)
MARY J QUINN
Mailing Address 837 S. CHESTNUT AVENUE
City ARLINGTON HEIGH State IL Zip Code 60005
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 835.17
Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845991
Amount of Each Receipt this Period 39.77

C. Full Name (Last, First, Middle Initial)
MARY J QUINN
Mailing Address 837 S. CHESTNUT AVENUE
City ARLINGTON HEIGH State IL Zip Code 60005
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 874.94
Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931440
Amount of Each Receipt this Period 39.77

SUBTOTAL of Receipts This Page (optional) ► 111.86
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 274

(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

A.

Full Name (Last, First, Middle Initial)
JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 936.56

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845660

Amount of Each Receipt this Period
44.91

B.

Full Name (Last, First, Middle Initial)
JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 981.47

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931109

Amount of Each Receipt this Period
44.91

C.

Full Name (Last, First, Middle Initial)
KEVIN P RICE

Mailing Address 618 Burdick St.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 777.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845878

Amount of Each Receipt this Period
37.26

SUBTOTAL of Receipts This Page (optional)

127.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 274
(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
							17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KEVIN P RICE

Mailing Address 618 Burdick St.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 814.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931327

Amount of Each Receipt this Period
37.26

B.

Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 545.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845652

Amount of Each Receipt this Period
26.23

C.

Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 571.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931101

Amount of Each Receipt this Period
26.23

SUBTOTAL of Receipts This Page (optional) ► 89.72

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

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

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

FOR LINE NUMBER: PAGE 185 / 274
(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

A. Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON
Mailing Address 4968 Astor Court

City State Zip Code
Long Grove IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-Protection Distributi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1687.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9
Transaction ID: A2009-4845724
Amount of Each Receipt this Period 81.28

B. Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON
Mailing Address 4968 Astor Court

City State Zip Code
Long Grove IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-Protection Distributi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1768.81

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9
Transaction ID: A2009-4931173
Amount of Each Receipt this Period 81.28

C. Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND
Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 563.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9
Transaction ID: A2009-4845955
Amount of Each Receipt this Period 26.97

SUBTOTAL of Receipts This Page (optional) ► 189.53

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 186 / 274
(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

A. Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931405

Amount of Each Receipt this Period
26.97

B. Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1805.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846031

Amount of Each Receipt this Period
85.96

C. Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1891.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931480

Amount of Each Receipt this Period
85.96

SUBTOTAL of Receipts This Page (optional) ► 198.89

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

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

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

FOR LINE NUMBER: PAGE 187 / 274
(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

A. Full Name (Last, First, Middle Initial)
MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Finance and Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 964.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845882

Amount of Each Receipt this Period
46.33

B. Full Name (Last, First, Middle Initial)
MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Finance and Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931331

Amount of Each Receipt this Period
46.33

C. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 746.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846084

Amount of Each Receipt this Period
35.56

SUBTOTAL of Receipts This Page (optional) ► **128.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 188 / 274
(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

A.

Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 782.32

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931533

Amount of Each Receipt this Period

35.56

B.

Full Name (Last, First, Middle Initial)
TED ROBERTS

Mailing Address 62 Bart Drive

City State Zip Code
Canton CT 06019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 633.72

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846052

Amount of Each Receipt this Period

30.32

C.

Full Name (Last, First, Middle Initial)
TED ROBERTS

Mailing Address 62 Bart Drive

City State Zip Code
Canton CT 06019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 664.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931501

Amount of Each Receipt this Period

30.32

SUBTOTAL of Receipts This Page (optional) ▶

96.20

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 189 / 274
(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

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-P-CCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2082.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845898

Amount of Each Receipt this Period
99.64

B.

Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-P-CCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2182.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931347

Amount of Each Receipt this Period
99.64

C.

Full Name (Last, First, Middle Initial)
GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 835.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845810

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **239.05**

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

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

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

FOR LINE NUMBER: PAGE 190 / 274
(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

A.

Full Name (Last, First, Middle Initial)

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 874.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931259

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)

DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Stra

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 698.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845891

Amount of Each Receipt this Period
33.53

C.

Full Name (Last, First, Middle Initial)

DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Stra

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 732.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931340

Amount of Each Receipt this Period
33.53

SUBTOTAL of Receipts This Page (optional) ▶

106.83

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JOHN ROSZKOWSKI		Date of Receipt
	Mailing Address 3371 VENARD RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	DOWNERS GROVE	IL	60515
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845934
Name of Employer Allstate Insurance Company		Occupation CC IT Systems Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.44	<input type="text"/> 37.21

B.	Full Name (Last, First, Middle Initial) JOHN ROSZKOWSKI		Date of Receipt
	Mailing Address 3371 VENARD RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	DOWNERS GROVE	IL	60515
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931383
Name of Employer Allstate Insurance Company		Occupation CC IT Systems Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 797.65	<input type="text"/> 37.21

C.	Full Name (Last, First, Middle Initial) DONALD L RUDD		Date of Receipt
	Mailing Address 25 CRESTVIEW TERRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	BUFFALO GROVE	IL	60089
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4846045
Name of Employer Allstate Insurance Company		Occupation Systems Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.71	<input type="text"/> 13.51

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 87.93
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 192 / 274
(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

A. Full Name (Last, First, Middle Initial)
DONALD L RUDD

Mailing Address 25 CRESTVIEW TERRACE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Systems Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 297.22

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931494

Amount of Each Receipt this Period 13.51

B. Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
LINCOLNSHIRE IL 60069

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation President Property & Casu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3075.07

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845951

Amount of Each Receipt this Period 147.12

C. Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
LINCOLNSHIRE IL 60069

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation President Property & Casu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3222.19

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931401

Amount of Each Receipt this Period 147.12

SUBTOTAL of Receipts This Page (optional) ► 307.75

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 193 / 274
(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

A.

Full Name (Last, First, Middle Initial)
CASSANDRA C RUSSELL

Mailing Address 2483 Titans Lane

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846016

Amount of Each Receipt this Period
13.16

B.

Full Name (Last, First, Middle Initial)
CASSANDRA C RUSSELL

Mailing Address 2483 Titans Lane

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931465

Amount of Each Receipt this Period
13.16

C.

Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Managing Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 457.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845712

Amount of Each Receipt this Period
21.80

SUBTOTAL of Receipts This Page (optional) ► **48.12**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 194 / 274
(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

<p>A. Full Name (Last, First, Middle Initial) DOREEN M RYAN</p> <p>Mailing Address 17 ALSTON COURT</p> <p>City State Zip Code RED BANK NJ 07701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Managing Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 479.60</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9</p> <p>Transaction ID: A2009-4931161</p> <p>Amount of Each Receipt this Period 21.80</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) PAUL R RYSKE</p> <p>Mailing Address 898 E. LONGWOOD DR.</p> <p>City State Zip Code LAKE FOREST IL 60045</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 835.17</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 9</p> <p>Transaction ID: A2009-4845808</p> <p>Amount of Each Receipt this Period 39.77</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) PAUL R RYSKE</p> <p>Mailing Address 898 E. LONGWOOD DR.</p> <p>City State Zip Code LAKE FOREST IL 60045</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 874.94</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9</p> <p>Transaction ID: A2009-4931257</p> <p>Amount of Each Receipt this Period 39.77</p>
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SUBTOTAL of Receipts This Page (optional)	101.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 195 / 274
(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

A.

Full Name (Last, First, Middle Initial)
PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City LISLE State IL Zip Code 60532

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.56

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845985

Amount of Each Receipt this Period
 13.31

B.

Full Name (Last, First, Middle Initial)
PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City LISLE State IL Zip Code 60532

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.87

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931435

Amount of Each Receipt this Period
 13.31

C.

Full Name (Last, First, Middle Initial)
MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City VERNON HILLS State IL Zip Code 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845788

Amount of Each Receipt this Period
 29.35

SUBTOTAL of Receipts This Page (optional) ► 55.97

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 196 / 274
(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

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 614.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931237

Amount of Each Receipt this Period
29.35

B.

Full Name (Last, First, Middle Initial)
PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 634.82

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845938

Amount of Each Receipt this Period
30.37

C.

Full Name (Last, First, Middle Initial)
PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931387

Amount of Each Receipt this Period
30.37

SUBTOTAL of Receipts This Page (optional) ► **90.09**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 197 / 274
(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

A.

Full Name (Last, First, Middle Initial) STEPHEN E SCHOLL		Date of Receipt																				
Mailing Address 7 COPPERFIELD DRIVE		<table border="1" style="font-size: small; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	9		2	0	0	9													
City	State	Zip Code																				
HAWTHORN WOODS	IL	60047																				
FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845714																				
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period																				
Occupation AVP HR Shared Services		<table border="1" style="width: 100%;"><tr><td style="text-align: right;">54.21</td></tr></table>	54.21																			
54.21																						
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General	<table border="1" style="width: 100%;"><tr><td style="text-align: right;">1131.81</td></tr></table>	1131.81																				
1131.81																						
<input type="checkbox"/> Other (specify) ▼																						

B.

Full Name (Last, First, Middle Initial) STEPHEN E SCHOLL		Date of Receipt																				
Mailing Address 7 COPPERFIELD DRIVE		<table border="1" style="font-size: small; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	3		2	0	0	9													
City	State	Zip Code																				
HAWTHORN WOODS	IL	60047																				
FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931163																				
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period																				
Occupation AVP HR Shared Services		<table border="1" style="width: 100%;"><tr><td style="text-align: right;">54.21</td></tr></table>	54.21																			
54.21																						
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General	<table border="1" style="width: 100%;"><tr><td style="text-align: right;">1186.02</td></tr></table>	1186.02																				
1186.02																						
<input type="checkbox"/> Other (specify) ▼																						

C.

Full Name (Last, First, Middle Initial) DALE J SCHUELLER		Date of Receipt																				
Mailing Address 25 Scarlet Oak Rd		<table border="1" style="font-size: small; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	9		2	0	0	9													
City	State	Zip Code																				
Flemington	NJ	08822																				
FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4846042																				
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period																				
Occupation Regional Sales Leader		<table border="1" style="width: 100%;"><tr><td style="text-align: right;">19.06</td></tr></table>	19.06																			
19.06																						
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General	<table border="1" style="width: 100%;"><tr><td style="text-align: right;">396.61</td></tr></table>	396.61																				
396.61																						
<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: right;">127.48</td></tr></table>	127.48
127.48		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: right;"> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 198 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City State Zip Code
Flemington NJ 08822

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931491

Amount of Each Receipt this Period
19.06

B.

Full Name (Last, First, Middle Initial)
DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 537.99

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845858

Amount of Each Receipt this Period
26.92

C.

Full Name (Last, First, Middle Initial)
DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 564.91

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931307

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► **72.90**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 199 / 274
(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

A.

Full Name (Last, First, Middle Initial)
MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 396.31

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846072

Amount of Each Receipt this Period
18.96

B.

Full Name (Last, First, Middle Initial)
MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.27

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931521

Amount of Each Receipt this Period
18.96

C.

Full Name (Last, First, Middle Initial)
DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City State Zip Code
Phoenixville PA 19460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1003.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846002

Amount of Each Receipt this Period
48.02

SUBTOTAL of Receipts This Page (optional)

85.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 200 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City State Zip Code
Phoenixville PA 19460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1051.74

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931451

Amount of Each Receipt this Period

48.02

B.

Full Name (Last, First, Middle Initial)
ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sr. Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 343.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845693

Amount of Each Receipt this Period

16.35

C.

Full Name (Last, First, Middle Initial)
ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Sr. Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 359.70

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931142

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)

80.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 201 / 274
(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

A. Full Name (Last, First, Middle Initial)
STACY Y SHARPE
Mailing Address 2 E. Erie #1506

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 864.30

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845927
Amount of Each Receipt this Period: 44.55

B. Full Name (Last, First, Middle Initial)
STACY Y SHARPE
Mailing Address 2 E. Erie #1506

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 906.65

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931376
Amount of Each Receipt this Period: 42.35

C. Full Name (Last, First, Middle Initial)
STEVEN E SHEBIK
Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60189

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP & CFO Allstate Investm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1752.49

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4845889
Amount of Each Receipt this Period: 83.94

SUBTOTAL of Receipts This Page (optional) ► 170.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 274
	<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

A.	Full Name (Last, First, Middle Initial) STEVEN E SHEBIK	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 517 ROBINWOOD LANE	Transaction ID: A2009-4931338
	City State Zip Code WHEATON IL 60189	Amount of Each Receipt this Period 83.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation VP & CFO Allstate Investm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1836.43

B.	Full Name (Last, First, Middle Initial) STEVEN R SHEFFEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 839 SUMAC	Transaction ID: A2009-4845803
	City State Zip Code HIGHLAND PARK IL 60035	Amount of Each Receipt this Period 19.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.48

C.	Full Name (Last, First, Middle Initial) STEVEN R SHEFFEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 839 SUMAC	Transaction ID: A2009-4931252
	City State Zip Code HIGHLAND PARK IL 60035	Amount of Each Receipt this Period 19.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36

SUBTOTAL of Receipts This Page (optional)	▶	123.70
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 / 274		
	<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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) DENIS C SHUNTA		Date of Receipt
	Mailing Address 5200 RIDGEGATE WAY		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FAIR OAKS	CA	95628
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845981
Name of Employer Allstate Insurance Company		Occupation Field Product Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 457.80	<input type="text" value="21.80"/>

B.	Full Name (Last, First, Middle Initial) DENIS C SHUNTA		Date of Receipt
	Mailing Address 5200 RIDGEGATE WAY		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FAIR OAKS	CA	95628
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931431
Name of Employer Allstate Insurance Company		Occupation Field Product Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 479.60	<input type="text" value="21.80"/>

C.	Full Name (Last, First, Middle Initial) ROBERT L SIMMONS		Date of Receipt
	Mailing Address 418 DEUCE DRIVE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WALL	NJ	07719
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845705
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 639.38	<input type="text" value="31.52"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) ROBERT L SIMMONS		Date of Receipt MM / DD / YYYY 10 / 23 / 2009		
	Mailing Address 418 DEUCE DRIVE		Transaction ID: A2009-4931154		
	City WALL	State NJ	Zip Code 07719	Amount of Each Receipt this Period 31.52	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Home Office Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 670.90			

B.	Full Name (Last, First, Middle Initial) KIMBALL S SIMON		Date of Receipt MM / DD / YYYY 10 / 09 / 2009		
	Mailing Address 11 WEHRHEIM		Transaction ID: A2009-4846056		
	City BARRINGTON	State IL	Zip Code 60010	Amount of Each Receipt this Period 38.28	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 798.28			

C.	Full Name (Last, First, Middle Initial) KIMBALL S SIMON		Date of Receipt MM / DD / YYYY 10 / 23 / 2009		
	Mailing Address 11 WEHRHEIM		Transaction ID: A2009-4931505		
	City BARRINGTON	State IL	Zip Code 60010	Amount of Each Receipt this Period 38.28	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.56			

SUBTOTAL of Receipts This Page (optional)	▶	108.08
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 205 / 274
(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

A.

Full Name (Last, First, Middle Initial) ANNE E SIMPSON		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 632 ONWENTSIA AVENUE		Transaction ID: A2009-4845813
City HIGHLAND PARK	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.51
Name of Employer Allstate Insurance Company	Occupation Tax Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.71	

B.

Full Name (Last, First, Middle Initial) ANNE E SIMPSON		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 632 ONWENTSIA AVENUE		Transaction ID: A2009-4931262
City HIGHLAND PARK	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.51
Name of Employer Allstate Insurance Company	Occupation Tax Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.22	

C.

Full Name (Last, First, Middle Initial) JOHN G SINNICKI		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 2117 CARROLL CREEK VIEW CT		Transaction ID: A2009-4845773
City FREDERICK	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.19
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.70	

SUBTOTAL of Receipts This Page (optional)	▶	64.21
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 206 / 274
(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

A. Full Name (Last, First, Middle Initial)
JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
FREDERICK MD 21702

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.89

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931222

Amount of Each Receipt this Period 11.19

B. Full Name (Last, First, Middle Initial)
DAVID W SKEATH

Mailing Address 608 Brooking Court

City State Zip Code
Lake Villa IL 60046

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 408.76

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846102

Amount of Each Receipt this Period 19.51

C. Full Name (Last, First, Middle Initial)
DAVID W SKEATH

Mailing Address 608 Brooking Court

City State Zip Code
Lake Villa IL 60046

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 428.27

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931551

Amount of Each Receipt this Period 19.51

SUBTOTAL of Receipts This Page (optional) 50.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 207 / 274
(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

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

<p>A. Full Name (Last, First, Middle Initial) KIMBERLY J SLOANE</p> <p>Mailing Address 378 N. VISTA AVE</p> <p>City State Zip Code LOMBARD IL 60148</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Claim Reserve Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 835.17</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 0 0 9</td> </tr> </table> </p> <p>Transaction ID: A2009-4845916</p> <p>Amount of Each Receipt this Period 39.77</p>	M M	/	D D	/	Y Y Y Y	1 0		0 9		2 0 0 9
M M	/	D D	/	Y Y Y Y							
1 0		0 9		2 0 0 9							

<p>B. Full Name (Last, First, Middle Initial) KIMBERLY J SLOANE</p> <p>Mailing Address 378 N. VISTA AVE</p> <p>City State Zip Code LOMBARD IL 60148</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Claim Reserve Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 874.94</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">2 3</td> <td></td> <td style="text-align: center;">2 0 0 9</td> </tr> </table> </p> <p>Transaction ID: A2009-4931365</p> <p>Amount of Each Receipt this Period 39.77</p>	M M	/	D D	/	Y Y Y Y	1 0		2 3		2 0 0 9
M M	/	D D	/	Y Y Y Y							
1 0		2 3		2 0 0 9							

<p>C. Full Name (Last, First, Middle Initial) BENJAMIN M SMITH</p> <p>Mailing Address 1008 CHESAPEAKE BLVD</p> <p>City State Zip Code GRAYSLAKE IL 60030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Agency Education Consulta</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.29</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 0 0 9</td> </tr> </table> </p> <p>Transaction ID: A2009-4845758</p> <p>Amount of Each Receipt this Period 15.49</p>	M M	/	D D	/	Y Y Y Y	1 0		0 9		2 0 0 9
M M	/	D D	/	Y Y Y Y							
1 0		0 9		2 0 0 9							

SUBTOTAL of Receipts This Page (optional)	95.03
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 208 / 274
(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

A. Full Name (Last, First, Middle Initial)
BENJAMIN M SMITH
 Mailing Address 1008 CHESAPEAKE BLVD
 City State Zip Code
 GRAYSLAKE IL 60030
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 9
Transaction ID: A2009-4931207
 Amount of Each Receipt this Period
 15.49
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Agency Education Consulta
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.78

B. Full Name (Last, First, Middle Initial)
CHARLES M SMITH
 Mailing Address 414 E. Burr Oak Dr.
 City State Zip Code
 Arlington Heights IL 60004
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 9
Transaction ID: A2009-4846006
 Amount of Each Receipt this Period
 34.03
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 709.68

C. Full Name (Last, First, Middle Initial)
CHARLES M SMITH
 Mailing Address 414 E. Burr Oak Dr.
 City State Zip Code
 Arlington Heights IL 60004
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 9
Transaction ID: A2009-4931455
 Amount of Each Receipt this Period
 34.03
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 743.71

SUBTOTAL of Receipts This Page (optional) ► **83.55**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 209 / 274
(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

A.

Full Name (Last, First, Middle Initial) ELIAS SMITH		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 2751 SW BEAR PAW TRAIL		Transaction ID: A2009-4845710
City PALM CITY	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.14
Name of Employer Allstate Insurance Company	Occupation Inside Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.94	

B.

Full Name (Last, First, Middle Initial) ELIAS SMITH		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 2751 SW BEAR PAW TRAIL		Transaction ID: A2009-4931159
City PALM CITY	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.14
Name of Employer Allstate Insurance Company	Occupation Inside Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 509.08	

C.

Full Name (Last, First, Middle Initial) J E SMITH		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 310 WHITMORE LANE		Transaction ID: A2009-4845894
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.33
Name of Employer Allstate Insurance Company	Occupation VP and President Broker D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1302.83	

SUBTOTAL of Receipts This Page (optional)	108.61
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 210 / 274
(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

A.

Full Name (Last, First, Middle Initial)
J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP and President Broker D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931343

Amount of Each Receipt this Period
62.33

B.

Full Name (Last, First, Middle Initial)
KENNETH D SMITH

Mailing Address 619 N, HUMPHREY AVE.

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845931

Amount of Each Receipt this Period
16.13

C.

Full Name (Last, First, Middle Initial)
KENNETH D SMITH

Mailing Address 619 N, HUMPHREY AVE.

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 353.21

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931380

Amount of Each Receipt this Period
16.13

SUBTOTAL of Receipts This Page (optional) ► 94.59

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 211 / 274
(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

A.

Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company
Occupation Controller

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 642.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846048

Amount of Each Receipt this Period
30.79

B.

Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company
Occupation Controller

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.93

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931497

Amount of Each Receipt this Period
30.79

C.

Full Name (Last, First, Middle Initial)
ROBERT S SODERLUND

Mailing Address 53 BRIDLEPATH DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company
Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 319.26

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845657

Amount of Each Receipt this Period
15.41

SUBTOTAL of Receipts This Page (optional) ▶

76.99

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 212 / 274
(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

A. Full Name (Last, First, Middle Initial)
ROBERT S SODERLUND

Mailing Address 53 BRIDLEPATH DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.67

Date of Receipt M M / D D / Y Y Y Y
10 / 23 / 2009

Transaction ID: A2009-4931106

Amount of Each Receipt this Period 15.41

B. Full Name (Last, First, Middle Initial)
STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.53

Date of Receipt M M / D D / Y Y Y Y
10 / 09 / 2009

Transaction ID: A2009-4845993

Amount of Each Receipt this Period 79.73

C. Full Name (Last, First, Middle Initial)
STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1746.26

Date of Receipt M M / D D / Y Y Y Y
10 / 23 / 2009

Transaction ID: A2009-4931442

Amount of Each Receipt this Period 79.73

SUBTOTAL of Receipts This Page (optional) 174.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 213 / 274
(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

A. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Accounting

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 786.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845958

Amount of Each Receipt this Period
33.52

B. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Accounting

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 819.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931408

Amount of Each Receipt this Period
33.52

C. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 781.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845730

Amount of Each Receipt this Period
37.53

SUBTOTAL of Receipts This Page (optional) ► **104.57**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 214 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) EDWIN M SPECHT		Date of Receipt
	Mailing Address 740 AMBRIA DRIVE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	MUNDELEIN	IL	60060
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Human Resource Director	Transaction ID: A2009-4931179
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="819.31"/>	<input type="text" value="37.53"/>

B.	Full Name (Last, First, Middle Initial) JAMES G SPORLEDER		Date of Receipt
	Mailing Address 20 LAKESIDE LANE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	N. BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation AVP Ast General Counsel &	Transaction ID: A2009-4845950
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="582.40"/>	<input type="text" value="27.80"/>

C.	Full Name (Last, First, Middle Initial) JAMES G SPORLEDER		Date of Receipt
	Mailing Address 20 LAKESIDE LANE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	N. BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation AVP Ast General Counsel &	Transaction ID: A2009-4931400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="610.20"/>	<input type="text" value="27.80"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="93.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 215 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) MARY SPRINGBERG		Date of Receipt
	Mailing Address 4745 KINGS WAY - NORTH		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GURNEE	IL	60031
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845792
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="47.47"/>
		<input type="text" value="981.37"/>	

B.	Full Name (Last, First, Middle Initial) MARY SPRINGBERG		Date of Receipt
	Mailing Address 4745 KINGS WAY - NORTH		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GURNEE	IL	60031
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931241
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="47.47"/>
		<input type="text" value="1028.84"/>	

C.	Full Name (Last, First, Middle Initial) BARBARA J STEELE		Date of Receipt
	Mailing Address 730 CREEKSIDE DR #504		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	MT PROSPECT	IL	60056
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845871
Name of Employer Allstate Insurance Company		Occupation Sr. Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="13.72"/>
		<input type="text" value="286.77"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="108.66"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 216 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) BARBARA J STEELE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 730 CREEKSIDE DR #504	Transaction ID: A2009-4931320
	City State Zip Code MT PROSPECT IL 60056	Amount of Each Receipt this Period 13.72
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.49	

B.	Full Name (Last, First, Middle Initial) EMORY D STEPHENS JR, Jr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 4711 N WOLCOTT AVE	Transaction ID: A2009-4845757
	City State Zip Code CHICAGO IL 60640	Amount of Each Receipt this Period 40.49
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 847.29	

C.	Full Name (Last, First, Middle Initial) EMORY D STEPHENS JR, Jr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 4711 N WOLCOTT AVE	Transaction ID: A2009-4931206
	City State Zip Code CHICAGO IL 60640	Amount of Each Receipt this Period 40.49
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 887.78	

SUBTOTAL of Receipts This Page (optional)	▶	94.70
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 217 / 274
(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

A. Full Name (Last, First, Middle Initial)
LOUIE A STEPHENSON

Mailing Address 1775 FOREST CREEK DR.

City State Zip Code
JACKSONVILLE FL 32225

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.63

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846027

Amount of Each Receipt this Period 14.48

B. Full Name (Last, First, Middle Initial)
LOUIE A STEPHENSON

Mailing Address 1775 FOREST CREEK DR.

City State Zip Code
JACKSONVILLE FL 32225

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.11

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931476

Amount of Each Receipt this Period 14.48

C. Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code
ATLANTIC BEACH FL 32233

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 826.36

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845768

Amount of Each Receipt this Period 39.46

SUBTOTAL of Receipts This Page (optional) 68.42

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 274 (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

<p>A. Full Name (Last, First, Middle Initial) GARY S STERE</p> <p>Mailing Address 2015 SELVA MADERA COURT</p> <p>City State Zip Code ATLANTIC BEACH FL 32233</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Allstate Insurance Company Occupation: Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 865.82</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2009</p> <p>Transaction ID: A2009-4931217</p> <p>Amount of Each Receipt this Period 39.46</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) MYRON E STOUFFER</p> <p>Mailing Address 1528 JESSICA LANE</p> <p>City State Zip Code LIBERTYVILLE IL 60048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Allstate Insurance Company Occupation: Vice President Product</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 534.26</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2009</p> <p>Transaction ID: A2009-4845764</p> <p>Amount of Each Receipt this Period 25.59</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) MYRON E STOUFFER</p> <p>Mailing Address 1528 JESSICA LANE</p> <p>City State Zip Code LIBERTYVILLE IL 60048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Allstate Insurance Company Occupation: Vice President Product</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 559.85</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2009</p> <p>Transaction ID: A2009-4931213</p> <p>Amount of Each Receipt this Period 25.59</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>90.64</p>
<p>TOTAL This Period (last page this line number only)</p>	<p> </p>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 219 / 274
(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

A.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 553.06

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845653

Amount of Each Receipt this Period
26.46

B.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 579.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931102

Amount of Each Receipt this Period
26.46

C.

Full Name (Last, First, Middle Initial)
DANIEL J SULLIVAN

Mailing Address 4018 BERRYWOOD DRIVE

City State Zip Code
SEAFORD NY 11783

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.87

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845697

Amount of Each Receipt this Period
13.47

SUBTOTAL of Receipts This Page (optional) ► **66.39**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 220 / 274
(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

A. Full Name (Last, First, Middle Initial)
DANIEL J SULLIVAN

Mailing Address 4018 BERRYWOOD DRIVE

City State Zip Code
SEAFORD NY 11783

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 296.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931146

Amount of Each Receipt this Period
13.47

B. Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Auditing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1188.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845820

Amount of Each Receipt this Period
56.86

C. Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Auditing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1245.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931269

Amount of Each Receipt this Period
56.86

SUBTOTAL of Receipts This Page (optional) ► **127.19**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 221 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JERROLD S SZOSTAK	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1064 W GLENN TRAIL	Transaction ID: A2009-4845863
	City State Zip Code ELK GROVE IL 60007	Amount of Each Receipt this Period 38.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claim Reserve Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 811.44	

B.	Full Name (Last, First, Middle Initial) JERROLD S SZOSTAK	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1064 W GLENN TRAIL	Transaction ID: A2009-4931312
	City State Zip Code ELK GROVE IL 60007	Amount of Each Receipt this Period 38.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claim Reserve Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.08	

C.	Full Name (Last, First, Middle Initial) CARL J TACKETT	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 307 WENDRON COURT	Transaction ID: A2009-4845834
	City State Zip Code FRANKLIN TN 37069	Amount of Each Receipt this Period 16.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Regional Financial Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 338.98	

SUBTOTAL of Receipts This Page (optional)	93.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 / 274
(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

A.

Full Name (Last, First, Middle Initial)
CARL J TACKETT

Mailing Address 307 WENDRON COURT

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Regional Financial Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 355.16

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931283

Amount of Each Receipt this Period

16.18

B.

Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Corporate Security

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 489.21

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845703

Amount of Each Receipt this Period

23.46

C.

Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Corporate Security

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 512.67

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931152

Amount of Each Receipt this Period

23.46

SUBTOTAL of Receipts This Page (optional)

63.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 223 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City HOUSTON State TX Zip Code 77088

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.69

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846032
 Amount of Each Receipt this Period: 23.79

B.

Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City HOUSTON State TX Zip Code 77088

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.48

Date of Receipt: 10 / 23 / 2009
Transaction ID: A2009-4931481
 Amount of Each Receipt this Period: 23.79

C.

Full Name (Last, First, Middle Initial)
LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City LAKE BLUFF State IL Zip Code 60044

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.35

Date of Receipt: 10 / 09 / 2009
Transaction ID: A2009-4846085
 Amount of Each Receipt this Period: 16.35

SUBTOTAL of Receipts This Page (optional) ► 63.93

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 224 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City State Zip Code
LAKE BLUFF IL 60044

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931534

Amount of Each Receipt this Period
16.35

B.

Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845753

Amount of Each Receipt this Period
19.20

C.

Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931202

Amount of Each Receipt this Period
19.20

SUBTOTAL of Receipts This Page (optional) ► 54.75

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 274
	<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

A.	Full Name (Last, First, Middle Initial) PHILLIP J TELGENHOFF	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1631 DAUNTING DRIVE	Transaction ID: A2009-4846077
	City State Zip Code EL DORADO HILLS CA 95762	Amount of Each Receipt this Period 19.20
	FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.50	

B.	Full Name (Last, First, Middle Initial) PHILLIP J TELGENHOFF	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1631 DAUNTING DRIVE	Transaction ID: A2009-4931526
	City State Zip Code EL DORADO HILLS CA 95762	Amount of Each Receipt this Period 19.20
	FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.70	

C.	Full Name (Last, First, Middle Initial) SEAN D THAKUR	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 4657 LAKE POINT CIRCLE	Transaction ID: A2009-4846023
	City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 16.28
	FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.03	

SUBTOTAL of Receipts This Page (optional)	54.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 226 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) SEAN D THAKUR	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 4657 LAKE POINT CIRCLE	Transaction ID: A2009-4931472
	City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 16.28
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Field Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.31	

B.	Full Name (Last, First, Middle Initial) MICHAEL A THOMAS	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 604 BRIER STREET	Transaction ID: A2009-4846099
	City State Zip Code KENILWORTH IL 60043	Amount of Each Receipt this Period 20.89
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: AVP Administrative Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.04	

C.	Full Name (Last, First, Middle Initial) MICHAEL A THOMAS	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 604 BRIER STREET	Transaction ID: A2009-4931548
	City State Zip Code KENILWORTH IL 60043	Amount of Each Receipt this Period 20.89
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: AVP Administrative Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 445.93	

SUBTOTAL of Receipts This Page (optional)	58.06
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 / 274
	<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

A.	Full Name (Last, First, Middle Initial) GERALYN A THOMPSON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 6906 S. BENNETT	Transaction ID: A2009-4845866
	City State Zip Code CHICAGO IL 60649	Amount of Each Receipt this Period 31.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Communication Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 654.06	

B.	Full Name (Last, First, Middle Initial) GERALYN A THOMPSON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 6906 S. BENNETT	Transaction ID: A2009-4931315
	City State Zip Code CHICAGO IL 60649	Amount of Each Receipt this Period 31.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Communication Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 685.60	

C.	Full Name (Last, First, Middle Initial) MARK L THOMPSON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 3233 N RACINE #2	Transaction ID: A2009-4846043
	City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 26.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Product Non-Standard Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 563.97	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 228 / 274
(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

A. Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Non-Standard

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.89

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931492

Amount of Each Receipt this Period 26.92

B. Full Name (Last, First, Middle Initial)
WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City State Zip Code
Roanoke TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 835.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845754

Amount of Each Receipt this Period 40.07

C. Full Name (Last, First, Middle Initial)
WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City State Zip Code
Roanoke TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931203

Amount of Each Receipt this Period 40.07

SUBTOTAL of Receipts This Page (optional) ► 107.06

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

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

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

FOR LINE NUMBER: PAGE 229 / 274
(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

A. Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Procurement Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845839

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Procurement Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931288

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 866.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846061

Amount of Each Receipt this Period
41.56

SUBTOTAL of Receipts This Page (optional) ► 81.32

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 230 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 908.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931510

Amount of Each Receipt this Period

41.56

B.

Full Name (Last, First, Middle Initial)
ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Strategic Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 617.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845879

Amount of Each Receipt this Period

29.67

C.

Full Name (Last, First, Middle Initial)
ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Strategic Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 647.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931328

Amount of Each Receipt this Period

29.67

SUBTOTAL of Receipts This Page (optional) ▶

100.90

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 231 / 274
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DENNIS M TRUSCH

Mailing Address 0s640 Preston Circle

City State Zip Code
Geneva IL 60134

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845743

Amount of Each Receipt this Period
13.97

B.

Full Name (Last, First, Middle Initial)
DENNIS M TRUSCH

Mailing Address 0s640 Preston Circle

City State Zip Code
Geneva IL 60134

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.99

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931192

Amount of Each Receipt this Period
13.97

C.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1007.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846018

Amount of Each Receipt this Period
48.25

SUBTOTAL of Receipts This Page (optional) ► 76.19

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 232 / 274

(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

A.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1055.60

Date of Receipt M M / D D / Y Y Y Y Y
10 / 23 / 2009

Transaction ID: A2009-4931467

Amount of Each Receipt this Period 48.25

B.

Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.68

Date of Receipt M M / D D / Y Y Y Y Y
10 / 09 / 2009

Transaction ID: A2009-4845683

Amount of Each Receipt this Period 19.23

C.

Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.91

Date of Receipt M M / D D / Y Y Y Y Y
10 / 23 / 2009

Transaction ID: A2009-4931132

Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional) 86.71

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 233 / 274
(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

A. Full Name (Last, First, Middle Initial)
THOMAS P TUZAK

Mailing Address 443 HUNTINGTON LANE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845895

Amount of Each Receipt this Period
9.75

B. Full Name (Last, First, Middle Initial)
THOMAS P TUZAK

Mailing Address 443 HUNTINGTON LANE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931344

Amount of Each Receipt this Period
9.75

C. Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846081

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► **39.38**

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

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

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

FOR LINE NUMBER: PAGE 234 / 274
(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

A. Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931530

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
JEFFREY W URE

Mailing Address 609 S. KENNICOTT AVE

City State Zip Code
ARLINGTON HTS IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931353

Amount of Each Receipt this Period
9.48

C. Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1175.39

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845887

Amount of Each Receipt this Period
56.59

SUBTOTAL of Receipts This Page (optional) ► 85.95

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 / 274
	<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

A.	Full Name (Last, First, Middle Initial) WILLIAM A VAINISI		Date of Receipt
	Mailing Address 636 BALMORAL LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	INVERNESS	IL	60067
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931336
Name of Employer Allstate Insurance Company		Occupation Vice President & Assistan	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1231.98	<input type="text"/> 56.59

B.	Full Name (Last, First, Middle Initial) HELEN K VAN DAAL		Date of Receipt
	Mailing Address 1300 LONGVALLEY RD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 9
	City	State	Zip Code
	GLENVIEW	IL	60025
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845825
Name of Employer Allstate Insurance Company		Occupation Finance Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 411.02	<input type="text"/> 19.62

C.	Full Name (Last, First, Middle Initial) HELEN K VAN DAAL		Date of Receipt
	Mailing Address 1300 LONGVALLEY RD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	GLENVIEW	IL	60025
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931274
Name of Employer Allstate Insurance Company		Occupation Finance Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 430.64	<input type="text"/> 19.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 95.83
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 236 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845941

Amount of Each Receipt this Period
25.15

B.

Full Name (Last, First, Middle Initial)
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 493.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931391

Amount of Each Receipt this Period
18.40

C.

Full Name (Last, First, Middle Initial)
LISA A VAN SCOYOC

Mailing Address 555 PRIMROSE LANE

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 313.97

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845903

Amount of Each Receipt this Period
15.17

SUBTOTAL of Receipts This Page (optional) ► 58.72

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

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

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

FOR LINE NUMBER: PAGE 237 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LISA A VAN SCOYOC

Mailing Address 555 PRIMROSE LANE

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Accounting Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 329.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931352

Amount of Each Receipt this Period

15.17

B.

Full Name (Last, First, Middle Initial)
WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claims Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 686.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845819

Amount of Each Receipt this Period

32.70

C.

Full Name (Last, First, Middle Initial)
WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claims Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 719.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931268

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

80.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 238 / 274
(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

A.

Full Name (Last, First, Middle Initial)
PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2215.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846055

Amount of Each Receipt this Period
57.72

B.

Full Name (Last, First, Middle Initial)
PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2273.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931504

Amount of Each Receipt this Period
57.72

C.

Full Name (Last, First, Middle Initial)
BILL VASILOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 361.82

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845968

Amount of Each Receipt this Period
17.27

SUBTOTAL of Receipts This Page (optional) ► **132.71**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 / 274
	<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

A.	Full Name (Last, First, Middle Initial) BILL VASIOGAMBROS	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1309 S. PINE AVE	Transaction ID: A2009-4931418
	City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 17.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Field Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 379.09	

B.	Full Name (Last, First, Middle Initial) RICHARD VAVRA	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 2514 S WESLEY AVENUE	Transaction ID: A2009-4845809
	City State Zip Code BERWYN IL 60402	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 834.37	

C.	Full Name (Last, First, Middle Initial) RICHARD VAVRA	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 2514 S WESLEY AVENUE	Transaction ID: A2009-4931258
	City State Zip Code BERWYN IL 60402	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 874.14	

SUBTOTAL of Receipts This Page (optional)	96.81
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 / 274
	<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	

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

A.	Full Name (Last, First, Middle Initial) STEVEN C VERNEY		Date of Receipt
	Mailing Address 37144 FOX HILL DR		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WADSWORTH	IL	60083
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4845698
Name of Employer Allstate Insurance Company		Occupation Vice President & Treasure	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="72.57"/>
		<input type="text" value="1511.72"/>	

B.	Full Name (Last, First, Middle Initial) STEVEN C VERNEY		Date of Receipt
	Mailing Address 37144 FOX HILL DR		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WADSWORTH	IL	60083
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4931147
Name of Employer Allstate Insurance Company		Occupation Vice President & Treasure	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="72.57"/>
		<input type="text" value="1584.29"/>	

C.	Full Name (Last, First, Middle Initial) JOAN H WALKER		Date of Receipt
	Mailing Address 850 N. Riverwoods Road		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-4846097
Name of Employer Allstate Insurance Company		Occupation SVP-Corporate Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="51.06"/>
		<input type="text" value="1066.01"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="196.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 241 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1117.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931546

Amount of Each Receipt this Period
51.06

B.

Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845785

Amount of Each Receipt this Period
28.43

C.

Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931234

Amount of Each Receipt this Period
28.43

SUBTOTAL of Receipts This Page (optional) ► **107.92**

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

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

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

FOR LINE NUMBER: PAGE 242 / 274
(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

A. Full Name (Last, First, Middle Initial)
ANTON WANDERON
 Mailing Address 112 BRISTOL PLACE
 City State Zip Code
 PONTE VEDRA FL 32082
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 9
Transaction ID: A2009-4845767
 Amount of Each Receipt this Period
 63.46
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP-Credit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1332.66

B. Full Name (Last, First, Middle Initial)
ANTON WANDERON
 Mailing Address 112 BRISTOL PLACE
 City State Zip Code
 PONTE VEDRA FL 32082
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 9
Transaction ID: A2009-4931216
 Amount of Each Receipt this Period
 63.46
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP-Credit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1396.12

C. Full Name (Last, First, Middle Initial)
THOMAS M WARDEN
 Mailing Address 770 Bair Island Road #200
 City State Zip Code
 Redwood City CA 94063
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 9
Transaction ID: A2009-4845780
 Amount of Each Receipt this Period
 34.86
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Research Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.36

SUBTOTAL of Receipts This Page (optional) ► 161.78
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 243 / 274
(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

A. Full Name (Last, First, Middle Initial)
THOMAS M WARDEN
 Mailing Address 770 Bair Island Road #200
 City State Zip Code
 Redwood City CA 94063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Research Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.22
 Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931229
 Amount of Each Receipt this Period 34.86

B. Full Name (Last, First, Middle Initial)
EDWIN L WASINGER JR, Jr.
 Mailing Address 6245 MURIFIELD DRIVE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Product Operations Direct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 783.52
 Date of Receipt 10 / 09 / 2009
Transaction ID: A2009-4845964
 Amount of Each Receipt this Period 37.57

C. Full Name (Last, First, Middle Initial)
EDWIN L WASINGER JR, Jr.
 Mailing Address 6245 MURIFIELD DRIVE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Product Operations Direct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 821.09
 Date of Receipt 10 / 23 / 2009
Transaction ID: A2009-4931414
 Amount of Each Receipt this Period 37.57

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 244 / 274
(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

A.

Full Name (Last, First, Middle Initial)
Robert Wasserman

Mailing Address 1N165 Partridge Dr

City State Zip Code
Wheaton IL 60188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 253.84

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931564

Amount of Each Receipt this Period

63.46

B.

Full Name (Last, First, Middle Initial)
JOHN A WATSON

Mailing Address 10227 Thurston Groves Blvd.

City State Zip Code
Seminole FL 33778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Field Product Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 343.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846065

Amount of Each Receipt this Period

16.35

C.

Full Name (Last, First, Middle Initial)
JOHN A WATSON

Mailing Address 10227 Thurston Groves Blvd.

City State Zip Code
Seminole FL 33778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Field Product Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 359.70

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931514

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional) ▶

96.16

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 245 / 274
(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

A.

Full Name (Last, First, Middle Initial)
LESLEY R WEBER

Mailing Address 3056 W. Sunnyside, #1

City State Zip Code
CHICAGO IL 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Counsel III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.68

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845988

Amount of Each Receipt this Period
12.63

B.

Full Name (Last, First, Middle Initial)
LESLEY R WEBER

Mailing Address 3056 W. Sunnyside, #1

City State Zip Code
CHICAGO IL 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Counsel III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.31

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931438

Amount of Each Receipt this Period
12.63

C.

Full Name (Last, First, Middle Initial)
BRET D WEHRLY

Mailing Address 2079 POWHATAN TRAIL

City State Zip Code
RICHMOND KY 40475

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation New Agency Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846051

Amount of Each Receipt this Period
13.25

SUBTOTAL of Receipts This Page (optional) ► **38.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 246 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) BRET D WEHRLY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 2079 POWHATAN TRAIL	Transaction ID: A2009-4931500
	City State Zip Code RICHMOND KY 40475	Amount of Each Receipt this Period 13.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation New Agency Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.70	

B.	Full Name (Last, First, Middle Initial) JONATHAN J WELLS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 5394 W RIVER BEND DRIVE	Transaction ID: A2009-4846046
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 33.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 689.16	

C.	Full Name (Last, First, Middle Initial) JONATHAN J WELLS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 5394 W RIVER BEND DRIVE	Transaction ID: A2009-4931495
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 33.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 722.17	

SUBTOTAL of Receipts This Page (optional)	79.27
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) JEROME WHITE	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 5081 OVERLOOK DR.	Transaction ID: A2009-4845709
	City State Zip Code ROSWELL GA 30075	Amount of Each Receipt this Period 10.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sales Support Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 228.90	

B.	Full Name (Last, First, Middle Initial) JEROME WHITE	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 5081 OVERLOOK DR.	Transaction ID: A2009-4931158
	City State Zip Code ROSWELL GA 30075	Amount of Each Receipt this Period 10.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sales Support Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 239.80	

C.	Full Name (Last, First, Middle Initial) ROBERT J WHITE	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 909 STILLWATER COURT	Transaction ID: A2009-4845717
	City State Zip Code WESTON FL 33327	Amount of Each Receipt this Period 34.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 732.27	

SUBTOTAL of Receipts This Page (optional)	56.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 248 / 274
(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

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

A.

Full Name (Last, First, Middle Initial)
ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code
WESTON FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 767.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931166

Amount of Each Receipt this Period

34.87

B.

Full Name (Last, First, Middle Initial)
SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claims Field Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846033

Amount of Each Receipt this Period

34.50

C.

Full Name (Last, First, Middle Initial)
SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Claims Field Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 754.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931482

Amount of Each Receipt this Period

34.50

SUBTOTAL of Receipts This Page (optional)

103.87

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 249 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) CYNTHIA A WHITFIELD	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1818 N. Crenshaw Circle	Transaction ID: A2009-4845702
	City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 19.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Product Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.33

B.	Full Name (Last, First, Middle Initial) CYNTHIA A WHITFIELD	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 1818 N. Crenshaw Circle	Transaction ID: A2009-4931151
	City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 19.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Product Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.19

C.	Full Name (Last, First, Middle Initial) CYNTHIA R WHITLEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 6722 NEW HAMPSHIRE TRAIL	Transaction ID: A2009-4845756
	City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Systems Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 831.82

SUBTOTAL of Receipts This Page (optional)	79.49
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 250 / 274
(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

A.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 871.59

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931205

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)
GENE T WHOLF

Mailing Address 847 INTERLAKEN DR.

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 257.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846067

Amount of Each Receipt this Period
12.28

C.

Full Name (Last, First, Middle Initial)
GENE T WHOLF

Mailing Address 847 INTERLAKEN DR.

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931516

Amount of Each Receipt this Period
12.28

SUBTOTAL of Receipts This Page (optional) ▶

64.33

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 / 274
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) ROBERT N WHOLF	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 847 INTERLAKEN DRIVE	Transaction ID: A2009-4845791
	City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 21.79
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claims Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 457.59	

B.	Full Name (Last, First, Middle Initial) ROBERT N WHOLF	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 847 INTERLAKEN DRIVE	Transaction ID: A2009-4931240
	City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 21.79
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claims Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 479.38	

C.	Full Name (Last, First, Middle Initial) JOHN K WILCOX	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1120 JESSICA LANE	Transaction ID: A2009-4845837
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 33.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Finance Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 707.84	

SUBTOTAL of Receipts This Page (optional)	77.52
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 252 / 274
(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

A. Full Name (Last, First, Middle Initial)
JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 741.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931286

Amount of Each Receipt this Period
33.94

B. Full Name (Last, First, Middle Initial)
ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Chief Diversity Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.33

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846062

Amount of Each Receipt this Period
48.13

C. Full Name (Last, First, Middle Initial)
ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Chief Diversity Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931511

Amount of Each Receipt this Period
48.13

SUBTOTAL of Receipts This Page (optional) ► **130.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 / 274
	<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

A.	Full Name (Last, First, Middle Initial) JAMES L WILLCOX	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1562 Sienna Oak Court	Transaction ID: A2009-4845759
	City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 22.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Market Claim Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.50	

B.	Full Name (Last, First, Middle Initial) JAMES L WILLCOX	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1562 Sienna Oak Court	Transaction ID: A2009-4931208
	City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 22.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Market Claim Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 498.25	

C.	Full Name (Last, First, Middle Initial) JEFFREY W WILLIAMS	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 7104 CHARDON COURT	Transaction ID: A2009-4845867
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 39.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 838.53	

SUBTOTAL of Receipts This Page (optional)	85.43
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 254 / 274
(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

A.

Full Name (Last, First, Middle Initial)
JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code
CLARKSVILLE MD 21029

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 878.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931316

Amount of Each Receipt this Period
39.93

B.

Full Name (Last, First, Middle Initial)
THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845989

Amount of Each Receipt this Period
107.60

C.

Full Name (Last, First, Middle Initial)
KURT L WINTER

Mailing Address 1403 N. WALNUT

City State Zip Code
ARLINGTON HGHTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 362.13

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846093

Amount of Each Receipt this Period
17.33

SUBTOTAL of Receipts This Page (optional) ► **164.86**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 255 / 274
(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

A. Full Name (Last, First, Middle Initial)
KURT L WINTER

Mailing Address 1403 N. WALNUT

City State Zip Code
ARLINGTON HGHTS IL 60004

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 379.46

Date of Receipt M M / D D / Y Y Y Y Y
10 / 23 / 2009

Transaction ID: A2009-4931542

Amount of Each Receipt this Period 17.33

B. Full Name (Last, First, Middle Initial)
RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City State Zip Code
JOHNSBURG IL 60050

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.36

Date of Receipt M M / D D / Y Y Y Y Y
10 / 09 / 2009

Transaction ID: A2009-4845957

Amount of Each Receipt this Period 17.46

C. Full Name (Last, First, Middle Initial)
RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City State Zip Code
JOHNSBURG IL 60050

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 382.82

Date of Receipt M M / D D / Y Y Y Y Y
10 / 23 / 2009

Transaction ID: A2009-4931407

Amount of Each Receipt this Period 17.46

SUBTOTAL of Receipts This Page (optional) 52.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 256 / 274
(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

A.

Full Name (Last, First, Middle Initial)
BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 427.43

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845952

Amount of Each Receipt this Period
19.88

B.

Full Name (Last, First, Middle Initial)
BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 447.31

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931402

Amount of Each Receipt this Period
19.88

C.

Full Name (Last, First, Middle Initial)
ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 657.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4846034

Amount of Each Receipt this Period
31.54

SUBTOTAL of Receipts This Page (optional) ► 71.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 / 274
	<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

A.	Full Name (Last, First, Middle Initial) ANGELA K WOIROL	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 28616 Sky Crest Dr	Transaction ID: A2009-4931483
	City State Zip Code Ivanhoe IL 60060	Amount of Each Receipt this Period 31.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claim Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 689.28	

B.	Full Name (Last, First, Middle Initial) MATTHEW WOJTASZEK	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 7 WELLESLEY COURT	Transaction ID: A2009-4845701
	City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 33.43
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 696.38	

C.	Full Name (Last, First, Middle Initial) MATTHEW WOJTASZEK	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 7 WELLESLEY COURT	Transaction ID: A2009-4931150
	City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 33.43
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 729.81	

SUBTOTAL of Receipts This Page (optional)	▶	98.40
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 / 274
	<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

A.	Full Name (Last, First, Middle Initial) DAVID E WOOLWINE	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1608 W. ROSEHILL DR	Transaction ID: A2009-4845742
	City State Zip Code CHICAGO IL 60660	Amount of Each Receipt this Period 16.91
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Communication Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.10

B.	Full Name (Last, First, Middle Initial) DAVID E WOOLWINE	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1608 W. ROSEHILL DR	Transaction ID: A2009-4931191
	City State Zip Code CHICAGO IL 60660	Amount of Each Receipt this Period 16.91
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Communication Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.01

C.	Full Name (Last, First, Middle Initial) DONALD F WYATT JR, Jr.	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 811 DRESSER DR.	Transaction ID: A2009-4845841
	City State Zip Code MT PROSPECT IL 60056	Amount of Each Receipt this Period 36.44
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Systems Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 763.39

SUBTOTAL of Receipts This Page (optional)	70.26
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 259 / 274
(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

A.

Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 799.83

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931290

Amount of Each Receipt this Period
36.44

B.

Full Name (Last, First, Middle Initial)
FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP Knowledge Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1106.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845915

Amount of Each Receipt this Period
52.90

C.

Full Name (Last, First, Middle Initial)
FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP Knowledge Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1159.22

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931364

Amount of Each Receipt this Period
52.90

SUBTOTAL of Receipts This Page (optional) ▶

142.24

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 / 274
	<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

A.	Full Name (Last, First, Middle Initial) LORI J YELVINGTON	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1531 N HIGHLAND AVE	Transaction ID: A2009-4845923
	City State Zip Code ARLINGTON HGTS. IL 60004	Amount of Each Receipt this Period 54.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Procuremen Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1126.94	

B.	Full Name (Last, First, Middle Initial) LORI J YELVINGTON	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 1531 N HIGHLAND AVE	Transaction ID: A2009-4931372
	City State Zip Code ARLINGTON HGTS. IL 60004	Amount of Each Receipt this Period 54.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Procuremen Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1180.98	

C.	Full Name (Last, First, Middle Initial) RICHARD P YOICIUS	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 40135 N GOLDENROD	Transaction ID: A2009-4845842
	City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 42.59
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 890.19	

SUBTOTAL of Receipts This Page (optional)	150.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 261 / 274
(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

<p>A. Full Name (Last, First, Middle Initial) RICHARD P YOCIUS</p> <p>Mailing Address 40135 N GOLDENROD</p> <hr/> <p>City State Zip Code WADSWORTH IL 60083</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 932.78</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: A2009-4931291</p> <p>Amount of Each Receipt this Period 42.59</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	3	/	2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) CYNTHIA H YOUNG</p> <p>Mailing Address 1861 N. Sawgrass Street</p> <hr/> <p>City State Zip Code Vernon Hills IL 60061</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2280.82</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: A2009-4846094</p> <p>Amount of Each Receipt this Period 109.12</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	9	/	2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) CYNTHIA H YOUNG</p> <p>Mailing Address 1861 N. Sawgrass Street</p> <hr/> <p>City State Zip Code Vernon Hills IL 60061</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2389.94</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: A2009-4931543</p> <p>Amount of Each Receipt this Period 109.12</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	3	/	2	0	0	9												

SUBTOTAL of Receipts This Page (optional)	260.83
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 262 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) PHILLIP C YOUNG	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 2181 APPLE HILL LANE	Transaction ID: A2009-4845872
	City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 19.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Director of Flight Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 407.70	

B.	Full Name (Last, First, Middle Initial) PHILLIP C YOUNG	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 2181 APPLE HILL LANE	Transaction ID: A2009-4931321
	City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 19.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Director of Flight Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 427.25	

C.	Full Name (Last, First, Middle Initial) MARY E ZAGORSKI	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 2609 N PINE AVE	Transaction ID: A2009-4845912
	City State Zip Code ARLINGTON HEIGHTS IL 60004	Amount of Each Receipt this Period 35.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 735.35	

SUBTOTAL of Receipts This Page (optional)	74.40
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 263 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MARY E ZAGORSKI	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 2609 N PINE AVE	Transaction ID: A2009-4931361
	City State Zip Code ARLINGTON HEIGHTS IL 60004	Amount of Each Receipt this Period 35.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.65	

B.	Full Name (Last, First, Middle Initial) RICHARD M ZAHARIAS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 1439 STEVENSON DRIVE	Transaction ID: A2009-4846005
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 67.29
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1413.09	

C.	Full Name (Last, First, Middle Initial) RICHARD M ZAHARIAS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 1439 STEVENSON DRIVE	Transaction ID: A2009-4931454
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 67.29
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1480.38	

SUBTOTAL of Receipts This Page (optional)	169.88
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 264 / 274
(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

A.

Full Name (Last, First, Middle Initial)
PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
VILLA PARK IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845974

Amount of Each Receipt this Period
19.85

B.

Full Name (Last, First, Middle Initial)
PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
VILLA PARK IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 436.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-4931424

Amount of Each Receipt this Period
19.85

C.

Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR, Jr.

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 801.87

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: A2009-4845997

Amount of Each Receipt this Period
38.32

SUBTOTAL of Receipts This Page (optional) ► **78.02**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 265 / 274
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) GERALD L ZIMMERMAN JR, Jr.	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 2584 Sutton Lane	Transaction ID: A2009-4931446
	City State Zip Code AURORA IL 60502	Amount of Each Receipt this Period 38.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.19

B.	Full Name (Last, First, Middle Initial) JERRY D ZINKULA	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 920 CEDAR LANE	Transaction ID: A2009-4846044
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 22.12
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.52

C.	Full Name (Last, First, Middle Initial) JERRY D ZINKULA	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 920 CEDAR LANE	Transaction ID: A2009-4931493
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 22.12
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.64

SUBTOTAL of Receipts This Page (optional)	82.56
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 266 / 274
	(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

A.

Full Name (Last, First, Middle Initial) CARLA D ZUNIGA		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 2189 N. BEAVER CREEK DRIVE		Transaction ID: A2009-4846058
City VERNON HILLS	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.78
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.03	

B.

Full Name (Last, First, Middle Initial) CARLA D ZUNIGA		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 2189 N. BEAVER CREEK DRIVE		Transaction ID: A2009-4931507
City VERNON HILLS	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.78
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.81	

SUBTOTAL of Receipts This Page (optional)	▶	45.56
TOTAL This Period (last page this line number only)	▶	25209.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 267 / 274

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Fifth Third Bank		Transaction ID: B294314	
	Mailing Address 346 West Carol Lane		Date of Disbursement 10 / 13 / 2009	
	City Elmhurst	State IL	Zip Code 60062	Amount of Each Disbursement this Period 101.70
	Purpose of Disbursement October 2009 bank charge		001	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
	State: IL	District: Not Applicable		

SUBTOTAL of Disbursements This Page (optional)

101.70

TOTAL This Period (last page this line number only)

101.70

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address 122 Maryland Ave. NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Christopher J Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention	Transaction ID: B293149 Date of Disbursement 10 / 02 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Upton for All of Us Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Contribution Candidate Name Frederick S Upton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B293796 Date of Disbursement 10 / 12 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Team Emerson Mailing Address 507 Capitol Court NE #100 City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Jo Ann H Emerson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B294498 Date of Disbursement 10 / 21 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Friends of Dan Maffei

Mailing Address 10 G Street NE Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Candidate Name Dan Maffei

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: NY District: 25

Transaction ID: B293152
Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Alamo PAC

Mailing Address 1203 Portner Road

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2009 Primary General Other (specify) ▼

State: TX District: Not Applicable

Transaction ID: B293754
Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

6500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Anna Caballero for Senate 2010 #1317482</p> <p>Mailing Address 1127 11th Street Ste 505</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement P-2010 State Senate 12 CA</p> <p>Candidate Name Anna Caballero</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B293353</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Calderon for Asmbly 2010 #1313900</p> <p>Mailing Address 1127 11th Street Ste 505</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement P-2010 State House 58 CA</p> <p>Candidate Name Charles M Calderon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B294011</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Holly J. Mitchell Assembly 2010 #1314638</p> <p>Mailing Address 4859 West Slauson Ave. #575</p> <p>City Los Angeles State CA Zip Code 90056</p> <p>Purpose of Disbursement P-2010 State House 47 CA</p> <p>Candidate Name Holly J Mitchell</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B294907</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Committee to Elect Joe Minard <hr/> Mailing Address 510 Hammond Hwy. <hr/> City Clarksburg State WV Zip Code 26301 <hr/> Purpose of Disbursement P-2010 State Senate 12 WV Candidate Name JOE MINARD <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B293983 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Morgan for Delegate <hr/> Mailing Address P.O. Box 117 <hr/> City Huntington State WV Zip Code 25706 <hr/> Purpose of Disbursement P-2010 State House 15 WV Candidate Name James H Morgan <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B293981 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David Perry for House <hr/> Mailing Address 321 Summerlee Avenue <hr/> City Oak Hill State WV Zip Code 25901 <hr/> Purpose of Disbursement P-2010 State Delegate 29 WV Candidate Name David G Perry <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B293982 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Tim Armstead for House	Transaction ID: B294497 Date of Disbursement																			
	Mailing Address 5012 Elk River Road South	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	1	/	2	0	0	9												
	City State Zip Code Elkview WV 25071	Amount of Each Disbursement this Period																			
	Purpose of Disbursement P-2010 State House 32 WV	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name Tim Armstead	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Caruth for Senate Cmte.	Transaction ID: B294493 Date of Disbursement																			
	Mailing Address P.O. Box 280	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	1	/	2	0	0	9												
	City State Zip Code Athens WV 24712	Amount of Each Disbursement this Period																			
	Purpose of Disbursement P-2012 State Senate 10 WV	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name Donald T Caruth	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Walt Helmick for State Senate	Transaction ID: B294472 Date of Disbursement																			
	Mailing Address 1800 Roundhill Road #1706	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	1	/	2	0	0	9												
	City State Zip Code Charleston WV 25314	Amount of Each Disbursement this Period																			
	Purpose of Disbursement P-2010 State Senate 15 WV	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name Walt Helmick	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00
1000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Friends to Re-elect Evan Jenkins</p> <p>Mailing Address 2012 N. Englewood Road</p> <p>City Huntington State WV Zip Code 25701</p> <p>Purpose of Disbursement P-2010 State Senate 05 WV</p> <p>Candidate Name Evan Jenkins</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B294491 Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tomblin for Senate Cmte</p> <p>Mailing Address Rt. 1 215C</p> <p>City Chapmanville State WV Zip Code 25508</p> <p>Purpose of Disbursement P-2012 State Senate 07 WV</p> <p>Candidate Name Earl R Tomblin</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B294471 Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Varner 2010</p> <p>Mailing Address 1214 Second Avenue</p> <p>City Moundsville State WV Zip Code 26041</p> <p>Purpose of Disbursement P-2010 State House 04 WV</p> <p>Candidate Name Scott G. Varner</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B294496 Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 274 / 274

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Cmte to Elect H.K. White		Transaction ID: B294494	
	Mailing Address P.O. Box 1985		Date of Disbursement 10 / 21 / 2009	
City Gilbert		State WV	Zip Code 25621	
Purpose of Disbursement P-2010 State House 21 WV			Amount of Each Disbursement this Period 500.00	
Candidate Name Harry (H.K.) White			011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

7750.00