

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Allstate Insurance Company PAC

ADDRESS (number and street) 2775 Sanders Road Suite A5  
 Check if different than previously reported. (ACC)  
Northbrook IL 60062

2. **FEC IDENTIFICATION NUMBER** C00040253  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven C. Verney

Signature of Treasurer Electronically Filed by Steven C. Verney Date 04 16 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

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" style="display: inline-table; border-collapse: collapse;"><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 .....	84408.94									
(c) Total Receipts (from Line 19) .....	27902.49	98556.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	112311.43	121604.90								
7. Total Disbursements (from Line 31) .....	33595.12	42888.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	78716.31	78716.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

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	17720.34	32856.99
(i) Itemized (use Schedule A) .....	10181.88	65698.32
(ii) Unitemized .....	27902.22	98555.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27902.22	98555.31
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	0.00
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	0.78
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)) .....	27902.49	98556.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27902.49	98556.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	95.12	373.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	95.12	373.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	30000.00	40000.00
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.....	3500.00	2515.00
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))..	33595.12	42888.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33595.12	42888.59

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	27902.22	98555.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27902.22	98555.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	95.12	373.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	95.12	373.59

# 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 6 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JONES G ADUKEH	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1226 RIDGEWOOD LANE	<b>Transaction ID:</b> A2009-2913208
	City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 33.03
	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 ▼ 227.96	

<b>B.</b>	Full Name (Last, First, Middle Initial) LORAL ADUKEH	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1226 RIDGEWOOD LANE	<b>Transaction ID:</b> A2009-2913268
	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 ▼ 228.15	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT S ALLEN	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 244 ELM ROAD	<b>Transaction ID:</b> A2009-2912913
	City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 31.56
	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 ▼ 213.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	97.29
<b>TOTAL</b> 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 7 / 130  
(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 P BADER  
 Mailing Address 438 MITCHELL DRIVE  
 City State Zip Code  
 GRAYS LAKE IL 60030  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2009  
**Transaction ID:** A2009-2912451  
 Amount of Each Receipt this Period  
 74.32  
 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 ▼ 428.22

**B.** Full Name (Last, First, Middle Initial)  
JOHN P BADER  
 Mailing Address 438 MITCHELL DRIVE  
 City State Zip Code  
 GRAYS LAKE IL 60030  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009  
**Transaction ID:** A2009-2912885  
 Amount of Each Receipt this Period  
 74.32  
 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 ▼ 502.54

**C.** Full Name (Last, First, Middle Initial)  
CHARLES C BAGGS  
 Mailing Address 4435 SWILCAN BRIDGE LANE N  
 City State Zip Code  
 JACKSONVILLE FL 32224  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009  
**Transaction ID:** A2009-2912971  
 Amount of Each Receipt this Period  
 32.57  
 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 ▼ 224.04

**SUBTOTAL** of Receipts This Page (optional) ..... ► 181.21  
**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 8 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) GREGORY P BALDWIN	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 2 Saddle Ridge Ct.	<b>Transaction ID:</b> A2009-2912732
	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 ▼ 216.24	

<b>B.</b>	Full Name (Last, First, Middle Initial) GREGORY P BALDWIN	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 2 Saddle Ridge Ct.	<b>Transaction ID:</b> A2009-2913166
	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 ▼ 253.18	

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM P BALLINGER	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 25 Blue Heron Way	<b>Transaction ID:</b> A2009-2912513
	City State Zip Code Skillman NJ 08558	Amount of Each Receipt this Period 35.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation FVP President New Jersey Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.46	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.39
<b>TOTAL</b> 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 9 / 130  
(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 ▼ 245.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912947

Amount of Each Receipt this Period  
35.51

**B.** 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 ▼ 311.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912865

Amount of Each Receipt this Period  
52.56

**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 ▼ 364.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913299

Amount of Each Receipt this Period  
52.56

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.63

**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 10 / 130  
(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 Occupation  
Allstate Insurance Company Vice President Field

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 413.38

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912847

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 Occupation  
Allstate Insurance Company Vice President Field

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 484.56

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913281

Amount of Each Receipt this Period

71.18

**C.**

Full Name (Last, First, Middle Initial)  
WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

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 ▼ 228.76

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913128

Amount of Each Receipt this Period

32.68

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

175.04

**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 11 / 130  
(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)  
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 Occupation  
Allstate Insurance Company Vice President Product

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.40

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912486

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 Occupation  
Allstate Insurance Company Vice President Product

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.80

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912920

Amount of Each Receipt this Period

40.40

**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 Occupation  
Allstate Insurance Company President-Allstate Workpl

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.16

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912776

Amount of Each Receipt this Period

39.36

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

120.16

**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 12 / 130  
(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)  
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 ▼ 275.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913210

Amount of Each Receipt this Period  
39.36

**B.**

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 Allstate Insurance Company Occupation Vice President Investor R

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912764

Amount of Each Receipt this Period  
62.95

**C.**

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 Allstate Insurance Company Occupation Vice President Investor R

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.95

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913198

Amount of Each Receipt this Period  
62.95

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.26**

**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 13 / 130  
(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)  
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code  
ELK GROVE VLLGE IL 60007

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

Name of Employer Allstate Insurance Company Occupation Vice President Sales Agen

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912572

Amount of Each Receipt this Period  
51.56

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code  
ELK GROVE VLLGE IL 60007

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

Name of Employer Allstate Insurance Company Occupation Vice President Sales Agen

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 354.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913006

Amount of Each Receipt this Period  
51.56

**C.**

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

Mailing Address 1440 McClellan Ct

City State Zip Code  
Lindenhurst IL 60046

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 ▼ 229.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913278

Amount of Each Receipt this Period  
32.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.95**

**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 14 / 130  
(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 Allstate Insurance Company Occupation Vice President Info Techn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.14

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: A2009-2912516

Amount of Each Receipt this Period  
77.29

**B.**

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 ▼ 533.43

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2912950

Amount of Each Receipt this Period  
77.29

**C.**

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 ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2913244

Amount of Each Receipt this Period  
31.15

**SUBTOTAL** of Receipts This Page (optional) ..... ► **185.73**

**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 15 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) SHAWN L BROADFIELD	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1044 APPLE BLOSSOM COURT	<b>Transaction ID:</b> A2009-2912628
	City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 43.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP PCCSO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.76

<b>B.</b>	Full Name (Last, First, Middle Initial) SHAWN L BROADFIELD	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1044 APPLE BLOSSOM COURT	<b>Transaction ID:</b> A2009-2913062
	City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 43.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP PCCSO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.77

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID C BROCK	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 305 CHURCHILL LANE	<b>Transaction ID:</b> A2009-2912525
	City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 35.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.06

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>121.53</b>
<b>TOTAL</b> 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 16 / 130  
(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 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 ▼ 213.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912959

Amount of Each Receipt this Period  
0.59

**B.**

Full Name (Last, First, Middle Initial)  
CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

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 & Chief Information O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1103.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912536

Amount of Each Receipt this Period  
186.21

**C.**

Full Name (Last, First, Middle Initial)  
CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

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 & Chief Information O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1289.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912970

Amount of Each Receipt this Period  
186.21

**SUBTOTAL** of Receipts This Page (optional) ..... ► **373.01**

**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 17 / 130

(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 MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code  
BERWYN IL 60402

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 ▼ 214.25

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912624

Amount of Each Receipt this Period

36.30

**B.**

Full Name (Last, First, Middle Initial)  
ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code  
BERWYN IL 60402

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 ▼ 250.55

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913058

Amount of Each Receipt this Period

36.30

**C.**

Full Name (Last, First, Middle Initial)  
JOHN C BRUSE

Mailing Address 1201 N. Nash Street #303

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation  
Allstate Insurance Company Vice President & Ast Gene

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 436.26

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912825

Amount of Each Receipt this Period

72.71

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

145.31

**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 18 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN C BRUSE		Date of Receipt
	Mailing Address 1201 N. Nash Street #303		<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 03 / 27 / 2009
	City	State	Zip Code
	Arlington	VA	22209
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: A2009-2913259</b>
Name of Employer Allstate Insurance Company		Occupation Vice President & Ast Gene	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 ▼ 508.97	72.71

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID N BUGGS		Date of Receipt
	Mailing Address 12234 85TH 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 03 / 27 / 2009
	City	State	Zip Code
	PLEASANT PR	WI	53158
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: A2009-2913199</b>
Name of Employer Allstate Insurance Company		Occupation CC IT Planning Consultant	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 ▼ 224.98	32.14

<b>C.</b>	Full Name (Last, First, Middle Initial) KAREN E BURCKHARDT		Date of Receipt
	Mailing Address 730 E. HAWTHORNE		<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 03 / 13 / 2009
	City	State	Zip Code
	ARLINGTON HTS	IL	60004
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: A2009-2912763</b>
Name of Employer Allstate Insurance Company		Occupation AVP-Product	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 ▼ 255.00	42.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>147.35</b>
<b>TOTAL</b> 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 / 130  
(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)  
KAREN E BURCKHARDT

Mailing Address 730 E. HAWTHORNE

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-Product

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913197

Amount of Each Receipt this Period  
42.50

**B.**

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 ▼ 244.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912869

Amount of Each Receipt this Period  
40.80

**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 ▼ 285.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913303

Amount of Each Receipt this Period  
40.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.10**

**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 20 / 130  
(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 Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 538.26

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912440

Amount of Each Receipt this Period

89.71

**B.**

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 ▼ 627.97

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912874

Amount of Each Receipt this Period

89.71

**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 Allstate Insurance Company Occupation Vice President Field

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.54

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912535

Amount of Each Receipt this Period

56.34

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

235.76

**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 21 / 130  
(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 BUTLER III, III  
 Mailing Address 15430 WHITE COLUMNS DRIVE  
 City State Zip Code  
 ALPHARETTA GA 30004  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009  
**Transaction ID:** A2009-2912969  
 Amount of Each Receipt this Period  
 56.34  
 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 ▼ 386.88

**B.** Full Name (Last, First, Middle Initial)  
ALICE M BYRNE  
 Mailing Address 4121 109TH STREET  
 City State Zip Code  
 PLEASANT PRAIRI WI 53158  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2009  
**Transaction ID:** A2009-2912758  
 Amount of Each Receipt this Period  
 79.52  
 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 ▼ 471.27

**C.** Full Name (Last, First, Middle Initial)  
ALICE M BYRNE  
 Mailing Address 4121 109TH STREET  
 City State Zip Code  
 PLEASANT PRAIRI WI 53158  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009  
**Transaction ID:** A2009-2913192  
 Amount of Each Receipt this Period  
 79.52  
 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 ▼ 550.79

**SUBTOTAL** of Receipts This Page (optional) ..... ► 215.38  
**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 22 / 130  
(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)  
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 ▼ 229.46  
 Date of Receipt 03 / 13 / 2009  
**Transaction ID:** A2009-2912684  
 Amount of Each Receipt this Period 39.51

**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 ▼ 268.97  
 Date of Receipt 03 / 27 / 2009  
**Transaction ID:** A2009-2913118  
 Amount of Each Receipt this Period 39.51

**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 ▼ 205.98  
 Date of Receipt 03 / 13 / 2009  
**Transaction ID:** A2009-2912566  
 Amount of Each Receipt this Period 34.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 113.35  
**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 23 / 130  
(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 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 ▼ 240.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913000

Amount of Each Receipt this Period  
34.33

**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 ▼ 205.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913145

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 ▼ 232.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913104

Amount of Each Receipt this Period  
33.87

**SUBTOTAL** of Receipts This Page (optional) ..... ► 98.04

**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 24 / 130  
(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 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 ▼ 252.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009  
Transaction ID: A2009-2912614  
Amount of Each Receipt this Period 43.20

**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 ▼ 296.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009  
Transaction ID: A2009-2913048  
Amount of Each Receipt this Period 43.20

**C.** 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 Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 214.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009  
Transaction ID: A2009-2913108  
Amount of Each Receipt this Period 31.01

**SUBTOTAL** of Receipts This Page (optional) ..... ► 117.41

**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 25 / 130

(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)  
RONALD L CORBIN

Mailing Address 14 Torrey Pines Way

City	State	Zip Code
BRENTWOOD	TN	37027

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 ▼ 405.80
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912786

Amount of Each Receipt this Period

68.20

B.

Full Name (Last, First, Middle Initial)  
RONALD L CORBIN

Mailing Address 14 Torrey Pines Way

City	State	Zip Code
BRENTWOOD	TN	37027

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 ▼ 474.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913220

Amount of Each Receipt this Period

68.20

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 Allstate Insurance Company	Occupation Vice President & Deputy G
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.88
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912574

Amount of Each Receipt this Period

75.68

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

212.08

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 26 / 130  
(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 GRIMMINS  
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 ▼ 520.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913008

Amount of Each Receipt this Period  
75.68

**B.**

Full Name (Last, First, Middle Initial)  
FREDERICK F CRIPE  
Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code  
N. BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company SVP & Executive Vice Pres

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 517.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912568

Amount of Each Receipt this Period  
89.04

**C.**

Full Name (Last, First, Middle Initial)  
FREDERICK F CRIPE  
Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code  
N. BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company SVP & Executive Vice Pres

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 606.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913002

Amount of Each Receipt this Period  
89.04

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

253.76

**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 / 130  
(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 C CRIST JR, jr

Mailing Address 905 Chalet Court

City State Zip Code  
Colleyville TX 76034

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 ▼ 414.72

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: A2009-2912498

Amount of Each Receipt this Period  
69.12

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD C CRIST JR, jr

Mailing Address 905 Chalet Court

City State Zip Code  
Colleyville TX 76034

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 ▼ 494.56

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2912932

Amount of Each Receipt this Period  
79.84

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City State Zip Code  
BARRINGTON IL 60010

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 ▼ 257.28

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: A2009-2912485

Amount of Each Receipt this Period  
44.48

**SUBTOTAL** of Receipts This Page (optional) ..... ► **193.44**

**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 28 / 130  
(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 DALY

Mailing Address 22425 N LINDEN DR.

City State Zip Code  
BARRINGTON IL 60010

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 ▼ 301.76

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

**Transaction ID:** A2009-2912919

Amount of Each Receipt this Period  
44.48

**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 ▼ 218.28

Date of Receipt  

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

**Transaction ID:** A2009-2912524

Amount of Each Receipt this Period  
36.68

**C.** 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 ▼ 254.96

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

**Transaction ID:** A2009-2912958

Amount of Each Receipt this Period  
36.68

**SUBTOTAL** of Receipts This Page (optional) ..... ► **117.84**

**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 29 / 130  
(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)  
SAM DE FRANK

Mailing Address 632 Onwentsia Avenue

City State Zip Code  
Highland Park IL 60035

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 ▼ 206.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912619

Amount of Each Receipt this Period 34.37

**B.**

Full Name (Last, First, Middle Initial)  
SAM DE FRANK

Mailing Address 632 Onwentsia Avenue

City State Zip Code  
Highland Park IL 60035

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 ▼ 240.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913053

Amount of Each Receipt this Period 34.37

**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 ▼ 226.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913050

Amount of Each Receipt this Period 33.06

**SUBTOTAL** of Receipts This Page (optional) ..... ► 101.80

**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 30 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN J DEGNAN-SCHMIDT		Date of Receipt
	Mailing Address 1320 MULBERRY LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	CARY	IL	60013
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2912555
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"/> 220.67	<input type="text"/> 37.62

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVEN J DEGNAN-SCHMIDT		Date of Receipt
	Mailing Address 1320 MULBERRY LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 27 / 2009
	City	State	Zip Code
	CARY	IL	60013
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2912989
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"/> 258.29	<input type="text"/> 37.62

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY F DEIGL		Date of Receipt
	Mailing Address 453 PRAIRIE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	ELMHURST	IL	60126
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2912729
Name of Employer Allstate Insurance Company		Occupation AVP-Product Ops	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"/> 324.84	<input type="text"/> 54.59

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 129.83
<b>TOTAL</b> 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 31 / 130  
(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 ▼ 379.43

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913163

Amount of Each Receipt this Period  
54.59

**B.** 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 ▼ 230.45

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912548

Amount of Each Receipt this Period  
39.20

**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 ▼ 269.65

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2912982

Amount of Each Receipt this Period  
39.20

**SUBTOTAL** of Receipts This Page (optional) ..... ► **132.99**

**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 32 / 130  
(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 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 ▼ 344.67

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912703

Amount of Each Receipt this Period  
57.92

**B.** 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 ▼ 402.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913137

Amount of Each Receipt this Period  
57.92

**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 ▼ 218.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913252

Amount of Each Receipt this Period  
31.91

**SUBTOTAL** of Receipts This Page (optional) ..... ► 147.75

**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 33 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL P DURBIN	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1311 SOUTH WALNUT AVE.	<b>Transaction ID:</b> A2009-2913143
	City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 29.38
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Senior Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.81	

<b>B.</b>	Full Name (Last, First, Middle Initial) MATTHEW S EASLEY	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1327 N Illinois Avenue	<b>Transaction ID:</b> A2009-2912597
	City State Zip Code Arlington Heights IL 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 ▼ 200.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) MATTHEW S EASLEY	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1327 N Illinois Avenue	<b>Transaction ID:</b> A2009-2913031
	City State Zip Code Arlington Heights IL 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 ▼ 234.21	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	97.24
<b>TOTAL</b> 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 34 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) PHILIP L EMMANUELE	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1085 FOREST HILL RD.	<b>Transaction ID:</b> A2009-2912470
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 60.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Marketing Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.40	

<b>B.</b>	Full Name (Last, First, Middle Initial) PHILIP L EMMANUELE	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1085 FOREST HILL RD.	<b>Transaction ID:</b> A2009-2912904
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 60.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Marketing Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 426.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) KATHLEEN N ENRIGHT	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 10323 TRUMBULL AVE	<b>Transaction ID:</b> A2009-2912718
	City State Zip Code CHICAGO IL 60655	Amount of Each Receipt this Period 37.88
	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 ▼ 218.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	159.68
<b>TOTAL</b> 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 / 130  
(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)  
KATHLEEN N ENRIGHT  
Mailing Address 10323 TRUMBULL AVE  
City CHICAGO State IL Zip Code 60655  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation AVP Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 256.16  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913152  
Amount of Each Receipt this Period 37.88

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL L ESCOBAR  
Mailing Address 660 BALMORAL LANE  
City INVERNESS State IL Zip Code 60067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation AVP Finance Innovation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 317.20  
Date of Receipt 03 / 13 / 2009  
Transaction ID: A2009-2912454  
Amount of Each Receipt this Period 53.75

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL L ESCOBAR  
Mailing Address 660 BALMORAL LANE  
City INVERNESS State IL Zip Code 60067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation AVP Finance Innovation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 370.95  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2912888  
Amount of Each Receipt this Period 53.75

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.38  
**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 36 / 130  
(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 B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City State Zip Code  
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company      Occupation Unclassified Sr Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      226.70

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

**Transaction ID:** A2009-2913071

Amount of Each Receipt this Period  
32.70

**B.** Full Name (Last, First, Middle Initial)  
THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company      Occupation Vice President Marketing

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      258.28

Date of Receipt  

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

**Transaction ID:** A2009-2912483

Amount of Each Receipt this Period  
43.58

**C.** Full Name (Last, First, Middle Initial)  
THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company      Occupation Vice President Marketing

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      301.86

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

**Transaction ID:** A2009-2912917

Amount of Each Receipt this Period  
43.58

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.86**

**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 37 / 130  
(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)  
KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code  
KILDEER IL 60049

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 ▼ 233.88

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912772

Amount of Each Receipt this Period 38.98

**B.** Full Name (Last, First, Middle Initial)  
KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code  
KILDEER IL 60049

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 ▼ 272.86

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913206

Amount of Each Receipt this Period 38.98

**C.** 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 ▼ 289.56

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912633

Amount of Each Receipt this Period 49.26

**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 38 / 130  
(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)  
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 ▼ 338.82

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913067

Amount of Each Receipt this Period

49.26

**B.**

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 ▼ 222.81

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913188

Amount of Each Receipt this Period

32.73

**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 ▼ 232.33

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912627

Amount of Each Receipt this Period

39.53

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

121.52

**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: (check only one)	PAGE 39 / 130
	<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)  
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 ▼ 271.86

Date of Receipt: 03 / 27 / 2009

Transaction ID: A2009-2913061

Amount of Each Receipt this Period: 39.53

**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 Allstate Insurance Company Occupation Marketing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.62

Date of Receipt: 03 / 13 / 2009

Transaction ID: A2009-2912558

Amount of Each Receipt this Period: 39.77

**C.** 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 Allstate Insurance Company Occupation Marketing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.39

Date of Receipt: 03 / 27 / 2009

Transaction ID: A2009-2912992

Amount of Each Receipt this Period: 39.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 119.07

**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 40 / 130  
(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)  
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 Allstate Insurance Company Occupation Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.71

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912934

Amount of Each Receipt this Period  
33.28

**B.**

Full Name (Last, First, Middle Initial)  
PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code  
LIBERTYVILLE IL 60048

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 ▼ 367.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912504

Amount of Each Receipt this Period  
62.20

**C.**

Full Name (Last, First, Middle Initial)  
PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code  
LIBERTYVILLE IL 60048

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 ▼ 429.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912938

Amount of Each Receipt this Period  
62.20

**SUBTOTAL** of Receipts This Page (optional) ..... ► **157.68**

**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 41 / 130  
(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)  
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 ▼ 223.27

Date of Receipt

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

Transaction ID: A2009-2912638

Amount of Each Receipt this Period

37.52

**B.**

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 ▼ 260.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: A2009-2913072

Amount of Each Receipt this Period

37.52

**C.**

Full Name (Last, First, Middle Initial)  
BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code  
HOFFMAN ESTATES IL 60169

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 ▼ 220.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: A2009-2913236

Amount of Each Receipt this Period

31.76

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

106.80

**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 42 / 130

(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 GILMORE

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
LAKE FOREST IL 60045

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 ▼ 238.62

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912455

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)  
JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
LAKE FOREST IL 60045

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 ▼ 278.39

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912889

Amount of Each Receipt this Period

39.77

**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 ▼ 230.90

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913286

Amount of Each Receipt this Period

33.45

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

112.99

**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 43 / 130  
(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)  
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 ▼ 320.16

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912562

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 ▼ 373.52

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2912996

Amount of Each Receipt this Period  
53.36

**C.** 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 ▼ 333.13

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912691

Amount of Each Receipt this Period  
56.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **163.05**

**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 44 / 130  
(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 W HAIDU  
Mailing Address 3 South Wynstone  
City N. BARRINGTON State IL Zip Code 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 ▼ 389.46  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913125  
Amount of Each Receipt this Period 56.33

**B.** Full Name (Last, First, Middle Initial)  
RANDALL M HANSON  
Mailing Address 840 ALLEGHANY  
City GRAYSLAKE State IL Zip Code 60030  
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 ▼ 206.75  
Date of Receipt 03 / 13 / 2009  
Transaction ID: A2009-2912811  
Amount of Each Receipt this Period 35.01

**C.** Full Name (Last, First, Middle Initial)  
RANDALL M HANSON  
Mailing Address 840 ALLEGHANY  
City GRAYSLAKE State IL Zip Code 60030  
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 ▼ 241.76  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913245  
Amount of Each Receipt this Period 35.01

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.35  
**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 45 / 130  
(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)  
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 Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912554

Amount of Each Receipt this Period  
69.38

**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 Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912988

Amount of Each Receipt this Period  
69.38

**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 ▼ 226.67

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913209

Amount of Each Receipt this Period  
32.96

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.72**

**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 46 / 130  
(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) WILLIAM G HILL		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 2935 GLENARYE DRIVE		<b>Transaction ID:</b> A2009-2912523
City LINDENHURST	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.26
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 584.61	

**B.**

Full Name (Last, First, Middle Initial) WILLIAM G HILL		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 2935 GLENARYE DRIVE		<b>Transaction ID:</b> A2009-2912957
City LINDENHURST	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.26
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.87	

**C.**

Full Name (Last, First, Middle Initial) LINDA M HONOUR		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 1066 Griffith Rd.		<b>Transaction ID:</b> A2009-2912860
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.23
Name of Employer Allstate Insurance Company	Occupation VP Investment Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>245.75</b>
<b>TOTAL</b> 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 47 / 130
	(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

<b>A.</b>	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 03 / 27 / 2009
	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	<b>Transaction ID:</b> A2009-2913294
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"/> 316.61	<input type="text"/> 45.23

<b>B.</b>	Full Name (Last, First, Middle Initial) F M HORD		Date of Receipt
	Mailing Address 1101 S. State Street 1002		<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 03 / 27 / 2009
	City	State	Zip Code
	Chicago	IL	60605
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Claims Service Manager	<b>Transaction ID:</b> A2009-2913004
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"/> 217.54	<input type="text"/> 31.52

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHEN L IHM		Date of Receipt
	Mailing Address 21558 W GOLDFINCH 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 03 / 13 / 2009
	City	State	Zip Code
	KILDEER	IL	60047
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation AVP Ast General Counsel &	<b>Transaction ID:</b> A2009-2912666
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"/> 280.59	<input type="text"/> 47.74

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 124.49
<b>TOTAL</b> 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 48 / 130  
(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 ▼ 328.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913100

Amount of Each Receipt this Period  
47.74

**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 ▼ 478.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912601

Amount of Each Receipt this Period  
81.08

**C.** 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 ▼ 559.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913035

Amount of Each Receipt this Period  
81.08

**SUBTOTAL** of Receipts This Page (optional) ..... ► 209.90

**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: (check only one)	PAGE 49 / 130
	<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)  
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 ▼ 231.25

Date of Receipt MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913028

Amount of Each Receipt this Period 33.50

**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 Allstate Insurance Company Occupation Vice President & General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 493.50

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912661

Amount of Each Receipt this Period 82.25

**C.** 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 Allstate Insurance Company Occupation Vice President & General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.75

Date of Receipt MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913095

Amount of Each Receipt this Period 82.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 198.00

**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 50 / 130  
(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 E KENNEY

Mailing Address 622 SEDGWICK DR.

City LIBERTYVILLE State IL Zip Code 60048

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 ▼ 238.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2009

**Transaction ID:** A2009-2912692

Amount of Each Receipt this Period  
 39.75

**B.** Full Name (Last, First, Middle Initial)  
DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City LIBERTYVILLE State IL Zip Code 60048

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 ▼ 278.25

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A2009-2913126

Amount of Each Receipt this Period  
 39.75

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City ALPHARETTA State GA Zip Code 30004

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 ▼ 296.97

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2009

**Transaction ID:** A2009-2912442

Amount of Each Receipt this Period  
 50.32

**SUBTOTAL** of Receipts This Page (optional) ..... ► 129.82

**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 / 130
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER R KIAH		Date of Receipt
	Mailing Address 1430 ROLLING LINKS DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 27 / 2009
	City	State	Zip Code
	ALPHARETTA	GA	30004
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-2912876
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"/> 50.32
		<input type="text"/> 347.29	

<b>B.</b>	Full Name (Last, First, Middle Initial) CURTIS L KIBLER		Date of Receipt
	Mailing Address 1332 BAY MEADOWS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	BARTLETT	IL	60103
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-2912596
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 ▼	<input type="text"/> 39.77
		<input type="text"/> 233.52	

<b>C.</b>	Full Name (Last, First, Middle Initial) CURTIS L KIBLER		Date of Receipt
	Mailing Address 1332 BAY MEADOWS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 27 / 2009
	City	State	Zip Code
	BARTLETT	IL	60103
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-2913030
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 ▼	<input type="text"/> 39.77
		<input type="text"/> 273.29	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 129.86
<b>TOTAL</b> 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 52 / 130  
(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)  
JAMES P KING

Mailing Address 592 TURNER 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 Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.30

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912725

Amount of Each Receipt this Period  
36.55

**B.** Full Name (Last, First, Middle Initial)  
JAMES P KING

Mailing Address 592 TURNER 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 Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.85

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913159

Amount of Each Receipt this Period  
36.55

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City State Zip Code  
NORTHBROOK IL 60062

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 ▼ 211.17

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913242

Amount of Each Receipt this Period  
30.91

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.01**

**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 53 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) GARY L KOCHANЕК		Date of Receipt MM / DD / YYYY 03 / 27 / 2009		
	Mailing Address 743 CARDIGAN CT		<b>Transaction ID:</b> A2009-2913037		
	City NAPERVILLE	State IL	Zip Code 60565	Amount of Each Receipt this Period 32.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Finance Senior Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.90			

<b>B.</b>	Full Name (Last, First, Middle Initial) JOANNE L KRON		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 341 N FIORE PARKWAY		<b>Transaction ID:</b> A2009-2912599		
	City VERNON HILLS	State IL	Zip Code 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 ▼ 238.62			

<b>C.</b>	Full Name (Last, First, Middle Initial) JOANNE L KRON		Date of Receipt MM / DD / YYYY 03 / 27 / 2009		
	Mailing Address 341 N FIORE PARKWAY		<b>Transaction ID:</b> A2009-2913033		
	City VERNON HILLS	State IL	Zip Code 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 ▼ 278.39			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.24
<b>TOTAL</b> 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 / 130

(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)  
JAIKRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City State Zip Code  
GURNEE IL 60031

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 ▼ 210.35

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913158

Amount of Each Receipt this Period  
30.90

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL A LA MONICA

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code  
KILDEER IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company Vice President Product

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 412.52

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912651

Amount of Each Receipt this Period  
69.32

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL A LA MONICA

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code  
KILDEER IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company Vice President Product

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 481.84

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913085

Amount of Each Receipt this Period  
69.32

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

169.54

**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 55 / 130  
(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)  
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 ▼ 458.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912815

Amount of Each Receipt this Period  
78.24

**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 ▼ 536.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913249

Amount of Each Receipt this Period  
78.24

**C.** Full Name (Last, First, Middle Initial)  
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code  
BELLEVUE WA 98004

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 ▼ 366.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912855

Amount of Each Receipt this Period  
62.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **218.78**

**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 56 / 130  
(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)  
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code  
BELLEVUE WA 98004

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 ▼ 428.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913289

Amount of Each Receipt this Period  
62.30

**B.**

Full Name (Last, First, Middle Initial)  
ANDREW P LEICHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code  
MUNDELEIN IL 60060

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 ▼ 228.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913042

Amount of Each Receipt this Period  
32.69

**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 ▼ 205.95

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913094

Amount of Each Receipt this Period  
30.05

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.04

**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 57 / 130  
(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)  
JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code  
LONG GROVE IL 60047

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 ▼ 228.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912755

Amount of Each Receipt this Period 38.68

**B.** Full Name (Last, First, Middle Initial)  
JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code  
LONG GROVE IL 60047

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 ▼ 266.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913189

Amount of Each Receipt this Period 38.68

**C.** Full Name (Last, First, Middle Initial)  
BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City State Zip Code  
CHICAGO IL 60604

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 ▼ 225.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913140

Amount of Each Receipt this Period 33.14

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.50

**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 58 / 130  
(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)  
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 ▼ 203.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913201

Amount of Each Receipt this Period  
29.96

**B.** 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 ▼ 238.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912462

Amount of Each Receipt this Period  
39.77

**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 ▼ 278.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912896

Amount of Each Receipt this Period  
39.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 109.50

**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: (check only one)	PAGE 59 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) FELIX A MANTILLA	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 28601 N. Sky Crest Drive	<b>Transaction ID:</b> A2009-2912769
	City State Zip Code Ivanhoe IL 60060	Amount of Each Receipt this Period 48.52
	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 ▼ 291.12	

<b>B.</b>	Full Name (Last, First, Middle Initial) FELIX A MANTILLA	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 28601 N. Sky Crest Drive	<b>Transaction ID:</b> A2009-2913203
	City State Zip Code Ivanhoe IL 60060	Amount of Each Receipt this Period 48.52
	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 ▼ 339.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL P MARK	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 3178 HAVEN LANE	<b>Transaction ID:</b> A2009-2912682
	City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 37.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 226.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.71
<b>TOTAL</b> 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 / 130  
(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 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 ▼ 263.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913116

Amount of Each Receipt this Period  
37.67

**B.**

Full Name (Last, First, Middle Initial)  
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code  
BARRINGTON HILL IL 60010

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 ▼ 467.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912690

Amount of Each Receipt this Period  
79.28

**C.**

Full Name (Last, First, Middle Initial)  
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code  
BARRINGTON HILL IL 60010

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 ▼ 547.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913124

Amount of Each Receipt this Period  
79.28

**SUBTOTAL** of Receipts This Page (optional) ..... ► **196.23**

**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 61 / 130
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN A MC LAUGHLIN		Date of Receipt
	Mailing Address 25748 N. Stoney Kirk 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 03 / 13 / 2009
	City	State	Zip Code
	Hawthorn Woods	IL	60047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2912636
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 ▼ <input type="text"/> 238.56	<input type="text"/> 39.76

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN A MC LAUGHLIN		Date of Receipt
	Mailing Address 25748 N. Stoney Kirk 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 03 / 27 / 2009
	City	State	Zip Code
	Hawthorn Woods	IL	60047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2913070
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 ▼ <input type="text"/> 278.32	<input type="text"/> 39.76

<b>C.</b>	Full Name (Last, First, Middle Initial) EVA M MCINTEE		Date of Receipt
	Mailing Address 103 Wateredge Court		<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 03 / 13 / 2009
	City	State	Zip Code
	Safety Harbor	FL	34695
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2912831
Name of Employer Allstate Insurance Company		Occupation Claims Field 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"/> 208.91	<input type="text"/> 35.11

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>114.63</b>
<b>TOTAL</b> 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 / 130  
(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)  
EVAM 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 ▼ 244.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913265

Amount of Each Receipt this Period  
35.11

**B.**

Full Name (Last, First, Middle Initial)  
GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912457

Amount of Each Receipt this Period  
34.68

**C.**

Full Name (Last, First, Middle Initial)  
GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912891

Amount of Each Receipt this Period  
34.68

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.47**

**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 63 / 130

(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)  
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 Occupation  
Allstate Insurance Company Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 238.56

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912710

Amount of Each Receipt this Period

39.76

**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 Occupation  
Allstate Insurance Company Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 278.32

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913144

Amount of Each Receipt this Period

39.76

**C.**

Full Name (Last, First, Middle Initial)  
MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

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 ▼ 227.29

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912949

Amount of Each Receipt this Period

33.27

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

112.79

**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 64 / 130  
(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 F MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
Allstate Insurance Company Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 229.74

Date of Receipt

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

Transaction ID: A2009-2912604

Amount of Each Receipt this Period

39.09
-------

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
Allstate Insurance Company Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 268.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

Transaction ID: A2009-2913038

Amount of Each Receipt this Period

39.09
-------

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL A MURPHY

Mailing Address 1908 Silver Lake Road

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 238.62

Date of Receipt

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

Transaction ID: A2009-2912799

Amount of Each Receipt this Period

39.77
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

117.95
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**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 65 / 130  
(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 MURPHY

Mailing Address 1908 Silver Lake Road

City State Zip Code  
Arlington Heights IL 60004

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 ▼ 278.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

**Transaction ID:** A2009-2913233

Amount of Each Receipt this Period 39.77

**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 ▼ 320.18

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

**Transaction ID:** A2009-2912731

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 ▼ 376.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

**Transaction ID:** A2009-2913165

Amount of Each Receipt this Period 55.92

**SUBTOTAL** of Receipts This Page (optional) ..... ► 151.61

**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 66 / 130  
(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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912630

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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913064

Amount of Each Receipt this Period  
37.95

**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 Allstate Insurance Company Occupation Vice President Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 685.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912589

Amount of Each Receipt this Period  
116.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► 192.44

**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 67 / 130  
(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 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 Allstate Insurance Company Occupation Vice President Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 801.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913023

Amount of Each Receipt this Period  
116.54

**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 ▼ 318.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912800

Amount of Each Receipt this Period  
54.13

**C.**

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 ▼ 372.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913234

Amount of Each Receipt this Period  
54.13

**SUBTOTAL** of Receipts This Page (optional) ..... ► 224.80

**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 68 / 130  
(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 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 ▼ 213.16

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A2009-2913160

Amount of Each Receipt this Period  
 30.78

**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 ▼ 382.03

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2009

**Transaction ID:** A2009-2912871

Amount of Each Receipt this Period  
 64.73

**C.** 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 ▼ 446.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A2009-2913305

Amount of Each Receipt this Period  
 64.73

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.24

**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 69 / 130  
(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 ▼ 204.49

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912910

Amount of Each Receipt this Period  
29.52

**B.**

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 ▼ 234.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912697

Amount of Each Receipt this Period  
39.67

**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 ▼ 273.79

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913131

Amount of Each Receipt this Period  
39.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 108.86

**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 70 / 130  
(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 L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code  
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912790

Amount of Each Receipt this Period  
69.29

**B.**

Full Name (Last, First, Middle Initial)  
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code  
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913224

Amount of Each Receipt this Period  
69.29

**C.**

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 ▼ 249.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912551

Amount of Each Receipt this Period  
42.37

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.95

**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 71 / 130  
(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 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 ▼ 291.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912985

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 Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912510

Amount of Each Receipt this Period 39.77

**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 Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912944

Amount of Each Receipt this Period 39.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 121.91

**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 72 / 130  
(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 L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code  
PARK RIDGE IL 60068

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

Name of Employer Allstate Insurance Company Occupation AVP Public Relations Mana

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912698

Amount of Each Receipt this Period  
53.82

**B.** Full Name (Last, First, Middle Initial)  
ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code  
PARK RIDGE IL 60068

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

Name of Employer Allstate Insurance Company Occupation AVP Public Relations Mana

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 376.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913132

Amount of Each Receipt this Period  
53.82

**C.** Full Name (Last, First, Middle Initial)  
MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City State Zip Code  
ROSELLE IL 60172

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 ▼ 218.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913066

Amount of Each Receipt this Period  
31.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► **138.88**

**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 73 / 130  
(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 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 ▼ 448.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912499

Amount of Each Receipt this Period  
76.26

**B.** 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 ▼ 524.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912933

Amount of Each Receipt this Period  
76.26

**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 ▼ 211.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913107

Amount of Each Receipt this Period  
30.16

**SUBTOTAL** of Receipts This Page (optional) ..... ► **182.68**

**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: (check only one)	PAGE 74 / 130
	<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)  
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 ▼ 299.35

Date of Receipt: 03 / 13 / 2009  
Transaction ID: A2009-2912467  
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 ▼ 350.90

Date of Receipt: 03 / 27 / 2009  
Transaction ID: A2009-2912901  
Amount of Each Receipt this Period: 51.55

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

Mailing Address 6727 N Sioux Ave

City State Zip Code  
CHICAGO IL 60646

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 ▼ 206.63

Date of Receipt: 03 / 27 / 2009  
Transaction ID: A2009-2913277  
Amount of Each Receipt this Period: 30.09

**SUBTOTAL** of Receipts This Page (optional) ..... ► 133.19

**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 75 / 130

(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 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 Occupation  
Allstate Insurance Company CC IT Senior Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 214.82

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913296

Amount of Each Receipt this Period

30.91

**B.**

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 Occupation  
Allstate Insurance Company AVP Property & Casualty F

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 302.36

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912466

Amount of Each Receipt this Period

50.81

**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 Occupation  
Allstate Insurance Company AVP Property & Casualty F

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 353.17

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912900

Amount of Each Receipt this Period

50.81

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

132.53

**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 76 / 130

(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 C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City State Zip Code  
CHICAGO IL 60647

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

Name of Employer Occupation  
Allstate Insurance Company Vice President Finance -

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 418.44

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912588

Amount of Each Receipt this Period

71.19

**B.**

Full Name (Last, First, Middle Initial)  
JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City State Zip Code  
CHICAGO IL 60647

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

Name of Employer Occupation  
Allstate Insurance Company Vice President Finance -

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 489.63

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913022

Amount of Each Receipt this Period

71.19

**C.**

Full Name (Last, First, Middle Initial)  
Mark D Pitchford

Mailing Address 653 Hinman Ave

City State Zip Code  
Evanston IL 60202

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

Name of Employer Occupation  
Allstate Insurance Company VP Direct Distribution

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 389.01

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912866

Amount of Each Receipt this Period

65.91

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

208.29

**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 77 / 130
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark D Pitchford		Date of Receipt
	Mailing Address 653 Hinman Ave		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Evanston	IL	60202
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation VP Direct Distribution	<b>Transaction ID:</b> A2009-2913300
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="454.92"/>	<input type="text" value="65.91"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID J PRENDERGAST		Date of Receipt
	Mailing Address 2816 HAVEN LANE		<input type="text" value="03"/> / <input type="text" value="13"/> / <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 Vice President Field	<b>Transaction ID:</b> A2009-2912460
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="277.83"/>	<input type="text" value="47.08"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID J PRENDERGAST		Date of Receipt
	Mailing Address 2816 HAVEN LANE		<input type="text" value="03"/> / <input type="text" value="27"/> / <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 Vice President Field	<b>Transaction ID:</b> A2009-2912894
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="324.91"/>	<input type="text" value="47.08"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="160.07"/>
<b>TOTAL</b> 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 78 / 130

(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)  
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code  
ARLINGTON HGTS IL 60005

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

Name of Employer Occupation  
Allstate Insurance Company Product Operations Direct

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 218.54

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913290

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 State Zip Code  
ARLINGTON HEIGH IL 60005

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 ▼ 238.62

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912753

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 State Zip Code  
ARLINGTON HEIGH IL 60005

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 ▼ 278.39

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913187

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 79 / 130
	(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)  
JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

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 ▼ 348.78

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912559

Amount of Each Receipt this Period  
58.13

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

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 ▼ 406.91

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912993

Amount of Each Receipt this Period  
58.13

**C.** 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 Allstate Insurance Company Occupation Claim Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.91

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912446

Amount of Each Receipt this Period  
44.91

**SUBTOTAL** of Receipts This Page (optional) ..... ► **161.17**

**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 80 / 130  
(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 Allstate Insurance Company Occupation Claim Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.82

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912880

Amount of Each Receipt this Period  
44.91

**B.**

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 ▼ 218.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912645

Amount of Each Receipt this Period  
37.26

**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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913079

Amount of Each Receipt this Period  
37.26

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.43**

**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 81 / 130  
(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 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 ▼ 468.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912502

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 ▼ 549.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912936

Amount of Each Receipt this Period  
81.28

**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 ▼ 515.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912794

Amount of Each Receipt this Period  
85.96

**SUBTOTAL** of Receipts This Page (optional) ..... ► 248.52

**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 82 / 130  
(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 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 ▼ 601.72

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913228

Amount of Each Receipt this Period  
85.96

**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 ▼ 269.08

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912649

Amount of Each Receipt this Period  
46.33

**C.**

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 ▼ 315.41

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913083

Amount of Each Receipt this Period  
46.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **178.62**

**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 / 130

(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 ▼ 213.36

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912849

Amount of Each Receipt this Period

35.56

**B.**

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 ▼ 248.92

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913283

Amount of Each Receipt this Period

35.56

**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 ▼ 209.24

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913248

Amount of Each Receipt this Period

30.32

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

101.44

**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 84 / 130  
(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 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 ▼ 588.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912662

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 ▼ 687.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913096

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 ▼ 238.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912582

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 85 / 130  
(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 Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913016

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 Allstate Insurance Company Occupation Vice President PCCSO Stra

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913091

Amount of Each Receipt this Period  
33.53

**C.**

Full Name (Last, First, Middle Initial)  
JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City State Zip Code  
DOWNERS GROVE IL 60515

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 ▼ 205.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912696

Amount of Each Receipt this Period  
34.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **108.07**

**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 86 / 130  
(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)  
JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City Downers Grove State IL Zip Code 60515

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 ▼ 239.99

Date of Receipt 03 / 27 / 2009  
**Transaction ID: A2009-2913130**  
 Amount of Each Receipt this Period 34.77

**B.** Full Name (Last, First, Middle Initial)  
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City Lincolnshire State IL Zip Code 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 ▼ 868.27

Date of Receipt 03 / 13 / 2009  
**Transaction ID: A2009-2912715**  
 Amount of Each Receipt this Period 147.12

**C.** Full Name (Last, First, Middle Initial)  
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City Lincolnshire State IL Zip Code 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 ▼ 1015.39

Date of Receipt 03 / 27 / 2009  
**Transaction ID: A2009-2913149**  
 Amount of Each Receipt this Period 147.12

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 329.01

**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 87 / 130  
(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 R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code  
LAKE FOREST IL 60045

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 ▼ 238.62

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912580

Amount of Each Receipt this Period  
39.77

**B.**

Full Name (Last, First, Middle Initial)  
PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code  
LAKE FOREST IL 60045

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 ▼ 278.39

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913014

Amount of Each Receipt this Period  
39.77

**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 ▼ 209.64

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913136

Amount of Each Receipt this Period  
30.37

**SUBTOTAL** of Receipts This Page (optional) ..... ► **109.91**

**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 88 / 130  
(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)  
STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

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 HR Shared Services

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 318.66

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912493

Amount of Each Receipt this Period

54.21

**B.**

Full Name (Last, First, Middle Initial)  
STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

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 HR Shared Services

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 372.87

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912927

Amount of Each Receipt this Period

54.21

**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 Allstate Insurance Company Occupation Vice President Field

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 283.42

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912766

Amount of Each Receipt this Period

48.02

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

156.44

**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 89 / 130  
(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 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 Allstate Insurance Company Occupation Vice President Field

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 331.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913200

Amount of Each Receipt this Period  
48.02

**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 ▼ 243.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912689

Amount of Each Receipt this Period  
41.19

**C.** 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 ▼ 284.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913123

Amount of Each Receipt this Period  
41.19

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.40**

**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 90 / 130  
(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)  
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 Vice President Property/C

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 493.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912656

Amount of Each Receipt this Period  
83.94

**B.** 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 Vice President Property/C

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 577.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913090

Amount of Each Receipt this Period  
83.94

**C.** Full Name (Last, First, Middle Initial)  
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code  
WALL NJ 07719

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 ▼ 207.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912918

Amount of Each Receipt this Period  
30.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► 198.19

**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 91 / 130

(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)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code  
BARRINGTON IL 60010

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 ▼ 224.08

Date of Receipt

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

Transaction ID: A2009-2912820

Amount of Each Receipt this Period  
38.28

**B.**

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code  
BARRINGTON IL 60010

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 ▼ 262.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: A2009-2913254

Amount of Each Receipt this Period  
38.28

**C.**

Full Name (Last, First, Middle Initial)

KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
Allstate Insurance Company VP and President Broker D

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 246.00

Date of Receipt

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

Transaction ID: A2009-2912700

Amount of Each Receipt this Period  
41.00

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

117.56

**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 92 / 130  
(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)  
KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
Allstate Insurance Company VP and President Broker D

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 287.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913134

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)  
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code  
LOMBARD IL 60148

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

Name of Employer Occupation  
Allstate Insurance Company Claim Reserve Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 238.62

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912678

Amount of Each Receipt this Period

39.77

**C.**

Full Name (Last, First, Middle Initial)  
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code  
LOMBARD IL 60148

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

Name of Employer Occupation  
Allstate Insurance Company Claim Reserve Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 278.39

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913112

Amount of Each Receipt this Period

39.77

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

120.54

**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 93 / 130  
(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 SMITH

Mailing Address 414 E. Burr Oak 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 Associate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.26

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913205

Amount of Each Receipt this Period  
34.03

**B.** 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 ▼ 367.88

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912658

Amount of Each Receipt this Period  
62.33

**C.** 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 ▼ 430.21

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913092

Amount of Each Receipt this Period  
62.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 158.69

**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 94 / 130  
(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 ▼ 211.08

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913243

Amount of Each Receipt this Period  
30.79

**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 ▼ 470.58

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912756

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 ▼ 550.31

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913190

Amount of Each Receipt this Period  
79.73

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

190.25

**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 95 / 130  
(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)  
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 ▼ 226.64

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2913157

Amount of Each Receipt this Period  
33.52

**B.**

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 ▼ 218.83

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: A2009-2912508

Amount of Each Receipt this Period  
37.53

**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 ▼ 256.36

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2912942

Amount of Each Receipt this Period  
37.53

**SUBTOTAL** of Receipts This Page (optional) ..... ► **108.58**

**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 96 / 130  
(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)  
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Occupation  
Allstate Insurance Company AVP Technology Shared Ser

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 269.32

Date of Receipt

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

Transaction ID: A2009-2912564

Amount of Each Receipt this Period

47.47

**B.**

Full Name (Last, First, Middle Initial)  
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Occupation  
Allstate Insurance Company AVP Technology Shared Ser

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 316.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: A2009-2912998

Amount of Each Receipt this Period

47.47

**C.**

Full Name (Last, First, Middle Initial)  
EMORY D STEPHENS JR, jr

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code  
CHICAGO IL 60640

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 ▼ 239.94

Date of Receipt

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

Transaction ID: A2009-2912532

Amount of Each Receipt this Period

40.49

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

135.43

**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 97 / 130  
(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)  
EMORY D STEPHENS JR., jr  
Mailing Address 4711 N WOLCOTT AVE

City State Zip Code  
CHICAGO IL 60640

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912966

Amount of Each Receipt this Period  
40.49

**B.** 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 ▼ 234.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912542

Amount of Each Receipt this Period  
39.46

**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 ▼ 273.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912976

Amount of Each Receipt this Period  
39.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.41**

**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: (check only one)	PAGE 98 / 130
	<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) KATHLEEN A SWAIN		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 242 HIGHVIEW		<b>Transaction ID:</b> A2009-2912591
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.86
Name of Employer Allstate Insurance Company	Occupation Vice President Auditing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.61	

**B.**

Full Name (Last, First, Middle Initial) KATHLEEN A SWAIN		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 242 HIGHVIEW		<b>Transaction ID:</b> A2009-2913025
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.86
Name of Employer Allstate Insurance Company	Occupation Vice President Auditing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.47	

**C.**

Full Name (Last, First, Middle Initial) JERROLD S SZOSTAK		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 1064 W GLENN TRAIL		<b>Transaction ID:</b> A2009-2912631
City ELK GROVE	State IL	Zip Code 60007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.64
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 ▼ 231.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	152.36
<b>TOTAL</b> 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 / 130

(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)  
JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code  
ELK GROVE IL 60007

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

Name of Employer Occupation  
Allstate Insurance Company Claim Reserve Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.48

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913065

Amount of Each Receipt this Period

38.64

**B.**

Full Name (Last, First, Middle Initial)  
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code  
CHICAGO IL 60649

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

Name of Employer Occupation  
Allstate Insurance Company Communication Senior Mana

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.66

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913068

Amount of Each Receipt this Period

30.63

**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 Occupation  
Allstate Insurance Company Assistant Field Vice Pres

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 234.62

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912529

Amount of Each Receipt this Period

40.07

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

109.34

**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 100 / 130  
(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 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 ▼ 274.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912963

Amount of Each Receipt this Period  
40.07

**B.** 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 AVP Encompass Field Distr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912826

Amount of Each Receipt this Period  
41.56

**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 AVP Encompass Field Distr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913260

Amount of Each Receipt this Period  
41.56

**SUBTOTAL** of Receipts This Page (optional) ..... ► **123.19**

**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 101 / 130  
(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 E TRANSON  
Mailing Address 2644 N DOUGLAS  
City ARLINGTON HTS State IL Zip Code 60004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation AVP Strategic Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 201.99  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913080  
Amount of Each Receipt this Period 29.67

**B.** Full Name (Last, First, Middle Initial)  
MELINDA S TUNNER  
Mailing Address 5430 TALL OAKS DRIVE  
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 Agency Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 283.60  
Date of Receipt 03 / 13 / 2009  
Transaction ID: A2009-2912783  
Amount of Each Receipt this Period 48.25

**C.** Full Name (Last, First, Middle Initial)  
MELINDA S TUNNER  
Mailing Address 5430 TALL OAKS DRIVE  
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 Agency Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 331.85  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913217  
Amount of Each Receipt this Period 48.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.17  
**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 102 / 130
	(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

<b>A.</b>	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 03 / 13 / 2009
	City	State	Zip Code
	INVERNESS	IL	60067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2912653
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 ▼	<input type="text"/> 56.59
		<input type="text"/> 326.54	

<b>B.</b>	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 03 / 27 / 2009
	City	State	Zip Code
	INVERNESS	IL	60067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2913087
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 ▼	<input type="text"/> 56.59
		<input type="text"/> 383.13	

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM P VANDERBORG		Date of Receipt
	Mailing Address 561 W CROOKED STICK 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 03 / 27 / 2009
	City	State	Zip Code
	VERNON HILLS	IL	60061
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2009-2913024
Name of Employer Allstate Insurance Company		Occupation Claims Senior 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"/> 32.70
		<input type="text"/> 228.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 145.88
<b>TOTAL</b> 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 / 130  
(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)  
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 ▼ 1205.07

Date of Receipt  /  /   
**Transaction ID:** A2009-2912819  
 Amount of Each Receipt this Period 202.47

**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 ▼ 1407.56

Date of Receipt  /  /   
**Transaction ID:** A2009-2913253  
 Amount of Each Receipt this Period 202.49

**C.** Full Name (Last, First, Middle Initial)  
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code  
BERWYN IL 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 ▼ 237.82

Date of Receipt  /  /   
**Transaction ID:** A2009-2912581  
 Amount of Each Receipt this Period 39.77

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

**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 104 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD VAVRA	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 2514 S WESLEY AVENUE	<b>Transaction ID:</b> A2009-2913015
	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 ▼ 277.59	

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVEN C VERNEY	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 37144 FOX HILL DR	<b>Transaction ID:</b> A2009-2912478
	City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 72.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President & Treasure Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.17	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN C VERNEY	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 37144 FOX HILL DR	<b>Transaction ID:</b> A2009-2912912
	City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 72.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President & Treasure Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 495.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>184.91</b>
<b>TOTAL</b> 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 / 130  
(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 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 ▼ 300.11

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912859

Amount of Each Receipt this Period  
51.06

**B.** 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 ▼ 351.17

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913293

Amount of Each Receipt this Period  
51.06

**C.** Full Name (Last, First, Middle Initial)  
ANTON WANDERON

Mailing Address 112 BRISTOL PLAGE

City State Zip Code  
PONTE VEDRA FL 32082

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 ▼ 380.76

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912541

Amount of Each Receipt this Period  
63.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.58**

**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 106 / 130  
(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)  
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code  
PONTE VEDRA FL 32082

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 ▼ 444.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912975

Amount of Each Receipt this Period 63.46

**B.** 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 ▼ 202.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912553

Amount of Each Receipt this Period 34.86

**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

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 ▼ 237.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2912987

Amount of Each Receipt this Period 34.86

**SUBTOTAL** of Receipts This Page (optional) ..... ► 133.18

**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: (check only one)	PAGE 107 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) EDWIN L WASINGER JR, jr		Date of Receipt	
	Mailing Address 6245 MURIFIELD DRIVE		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-2912727
	GURNEE	IL	60031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		37.57	
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 ▼ 219.97		

<b>B.</b>	Full Name (Last, First, Middle Initial) EDWIN L WASINGER JR, jr		Date of Receipt	
	Mailing Address 6245 MURIFIELD DRIVE		M M / D D / Y Y Y Y Y 03 / 27 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-2913161
	GURNEE	IL	60031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		37.57	
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 ▼ 257.54		

<b>C.</b>	Full Name (Last, First, Middle Initial) JONATHAN J WELLS		Date of Receipt	
	Mailing Address 5394 W RIVER BEND DRIVE		M M / D D / Y Y Y Y Y 03 / 27 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A2009-2913241
	LIBERTYVILLE	IL	60048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		33.01	
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 ▼ 227.02		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.15</b>
<b>TOTAL</b> 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 108 / 130  
(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 J WHITE

Mailing Address 909 STILLWATER COURT

City WESTON State FL Zip Code 33327

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 ▼ 209.22

Date of Receipt: 03 / 13 / 2009  
**Transaction ID: A2009-2912495**  
 Amount of Each Receipt this Period: 34.87

**B.** Full Name (Last, First, Middle Initial)  
ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City WESTON State FL Zip Code 33327

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 ▼ 244.09

Date of Receipt: 03 / 27 / 2009  
**Transaction ID: A2009-2912929**  
 Amount of Each Receipt this Period: 34.87

**C.** Full Name (Last, First, Middle Initial)  
SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City Hawthorn Woods State IL Zip Code 60047

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 ▼ 202.75

Date of Receipt: 03 / 13 / 2009  
**Transaction ID: A2009-2912796**  
 Amount of Each Receipt this Period: 34.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.24**

**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 109 / 130  
(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)  
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 Allstate Insurance Company      Occupation Claims Field Director

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913230

Amount of Each Receipt this Period 34.50

**B.** 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 ▼ 235.27

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912531

Amount of Each Receipt this Period 39.77

**C.** 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 ▼ 275.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2912965

Amount of Each Receipt this Period 39.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► 114.04

**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 110 / 130  
(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 ▼ 232.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913039

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 ▼ 286.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** A2009-2912827

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 ▼ 334.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A2009-2913261

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: PAGE 111 / 130  
(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 W WILLIAMS  
Mailing Address 7104 CHARDON COURT  
City CLARKSVILLE State MD Zip Code 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 ▼ 239.58  
Date of Receipt 03 / 13 / 2009  
Transaction ID: A2009-2912635  
Amount of Each Receipt this Period 39.93

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY W WILLIAMS  
Mailing Address 7104 CHARDON COURT  
City CLARKSVILLE State MD Zip Code 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 ▼ 279.51  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913069  
Amount of Each Receipt this Period 39.93

**C.** Full Name (Last, First, Middle Initial)  
THOMAS J WILSON  
Mailing Address 2024 N. MOHAWK  
City CHICAGO State IL Zip Code 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 ▼ 1467.72  
Date of Receipt 03 / 13 / 2009  
Transaction ID: A2009-2912751  
Amount of Each Receipt this Period 244.62

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 324.48  
**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  
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FOR LINE NUMBER: PAGE 112 / 130  
(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 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 ▼ 1712.34

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2913185

Amount of Each Receipt this Period  
244.62

**B.** 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 ▼ 216.18

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2913231

Amount of Each Receipt this Period  
31.54

**C.** Full Name (Last, First, Middle Initial)  
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code  
HAWTHORN WOODS 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 ▼ 228.36

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2912914

Amount of Each Receipt this Period  
33.43

**SUBTOTAL** of Receipts This Page (optional) ..... ► **309.59**

**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 113 / 130  
(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 WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code  
EVANSTON IL 60201

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

Name of Employer Allstate Insurance Company Occupation VP Product Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: A2009-2912817

Amount of Each Receipt this Period  
36.30

**B.**

Full Name (Last, First, Middle Initial)  
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code  
EVANSTON IL 60201

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

Name of Employer Allstate Insurance Company Occupation VP Product Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.30

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A2009-2913251

Amount of Each Receipt this Period  
36.30

**C.**

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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.79

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: A2009-2912610

Amount of Each Receipt this Period  
36.44

**SUBTOTAL** of Receipts This Page (optional) ..... ► **109.04**

**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 114 / 130  
(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 F WYATT JR, jr  
Mailing Address 811 DRESSER DR.  
City MT PROSPECT State IL Zip Code 60056  
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 ▼ 253.23  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913044  
Amount of Each Receipt this Period 36.44

**B.** Full Name (Last, First, Middle Initial)  
FLOYD M YAGER  
Mailing Address 1610 BIRCH LANE  
City PARK RIDGE State IL Zip Code 60068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP Knowledge Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.82  
Date of Receipt 03 / 13 / 2009  
Transaction ID: A2009-2912677  
Amount of Each Receipt this Period 52.90

**C.** Full Name (Last, First, Middle Initial)  
FLOYD M YAGER  
Mailing Address 1610 BIRCH LANE  
City PARK RIDGE State IL Zip Code 60068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP Knowledge Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.72  
Date of Receipt 03 / 27 / 2009  
Transaction ID: A2009-2913111  
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 115 / 130
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) LORI J YELVINGTON	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1531 N HIGHLAND AVE	<b>Transaction ID:</b> A2009-2912685
	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 ▼ 316.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) LORI J YELVINGTON	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1531 N HIGHLAND AVE	<b>Transaction ID:</b> A2009-2913119
	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 ▼ 370.38	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD P YOCIUS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 40135 N GOLDENROD	<b>Transaction ID:</b> A2009-2912611
	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 ▼ 251.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.67</b>
<b>TOTAL</b> 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 116 / 130  
(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 P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code  
WADSWORTH IL 60083

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

Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 293.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913045

Amount of Each Receipt this Period  
42.59

**B.**

Full Name (Last, First, Middle Initial)  
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code  
Vernon Hills IL 60061

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

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 644.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: A2009-2912858

Amount of Each Receipt this Period  
109.12

**C.**

Full Name (Last, First, Middle Initial)  
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code  
Vernon Hills IL 60061

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

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 753.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A2009-2913292

Amount of Each Receipt this Period  
109.12

**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 117 / 130  
(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)  
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City ARLINGTON HEIGHTS State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.85

Date of Receipt: 03 / 13 / 2009  
**Transaction ID: A2009-2912675**  
Amount of Each Receipt this Period 35.30

**B.**

Full Name (Last, First, Middle Initial)  
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City ARLINGTON HEIGHTS State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.15

Date of Receipt: 03 / 27 / 2009  
**Transaction ID: A2009-2913109**  
Amount of Each Receipt this Period 35.30

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.74

Date of Receipt: 03 / 13 / 2009  
**Transaction ID: A2009-2912770**  
Amount of Each Receipt this Period 67.29

**SUBTOTAL** of Receipts This Page (optional) ..... ► 137.89

**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 118 / 130  
(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 M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 471.03

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913204

Amount of Each Receipt this Period  
67.29

**B.** 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 ▼ 227.07

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A2009-2912760

Amount of Each Receipt this Period  
38.32

**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 ▼ 265.39

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** A2009-2913194

Amount of Each Receipt this Period  
38.32

**SUBTOTAL** of Receipts This Page (optional) ..... ► **143.93**

**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 119 / 130  
(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 K ZUZICH

Mailing Address 1125 ACORN TRAIL

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 HR People Planning &

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      215.41

Date of Receipt  

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

**Transaction ID: A2009-2912813**  
 Amount of Each Receipt this Period  
 36.26

**B.**

Full Name (Last, First, Middle Initial)  
J K ZUZICH

Mailing Address 1125 ACORN TRAIL

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 HR People Planning &

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      251.67

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

**Transaction ID: A2009-2913247**  
 Amount of Each Receipt this Period  
 36.26

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.52
<b>TOTAL</b> This Period (last page this line number only) .....	▶	17720.34

**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 120 / 130

<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

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement  
March 2009 bank charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: IL District:

Not Applicable

Transaction ID: B253662

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

95.12

SUBTOTAL of Disbursements This Page (optional) ▶

95.12

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

95.12

**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 121 / 130

<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)  
Growth And Prosperity PAC

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: AL District:

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Transaction ID: B251806  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Kevin McCarthy for Congress

Mailing Address 209 Pennsylvania Ave. SE #229-D

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name Kevin McCarthy

Office Sought:  House  Senate  President  
State: CA District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B251778  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Royce Campaign Committee

Mailing Address 217 3rd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name Ed Royce

Office Sought:  House  Senate  President  
State: CA District: 40

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B251777  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**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) Himes for Congress	Transaction ID: B252218 Date of Disbursement 03 / 12 / 2009
	Mailing Address 50 E Street SE Suite 1	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Jim Himes	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bilirakis for Congress	Transaction ID: B251771 Date of Disbursement 03 / 02 / 2009
	Mailing Address PO Box 606	Amount of Each Disbursement this Period 1000.00
	City Tarpon Springs State FL Zip Code 34688	
	Purpose of Disbursement Contribution Candidate Name Gus Bilirakis	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Nelson for U.S. Senate	Transaction ID: B252642 Date of Disbursement 03 / 19 / 2009
	Mailing Address 426 C Street NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Bill Nelson	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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 123 / 130

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk for Congress Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution Candidate Name Mark S Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 10	Transaction ID: B251774 Date of Disbursement 03 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Foster for Congress Mailing Address 50 E. Street NW Suite 1 City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name William G Foster Office Sought: <input checked="" 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: IL District: 14	Transaction ID: B253132 Date of Disbursement 03 / 26 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) Evan Bayh Committee Mailing Address 1070 Thomas Jefferson St. NW #202 City Washington State DC Zip Code 20007 Purpose of Disbursement Contribution Candidate Name B. Evan Bayh Office Sought: <input type="checkbox"/> House <input checked="" 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: IN District:	Transaction ID: B251770 Date of Disbursement 03 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress</p> <p>Mailing Address 700 12th Street NW Ste. 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Michele Bachmann</p> <p>Office Sought: <input checked="" 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) ▼</p> <p>State: MN District: 06</p>	<p><b>Transaction ID:</b> B251860 <b>Date of Disbursement:</b>  <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	9													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 499 S. Capitol Street SW</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name John Adler</p> <p>Office Sought: <input checked="" 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) ▼</p> <p>State: NJ District: 03</p>	<p><b>Transaction ID:</b> B251769 <b>Date of Disbursement:</b>  <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	2		2	0	0	9													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Garrett for Congress</p> <p>Mailing Address P.O. Box 905</p> <p>City Newton State NJ Zip Code 07860</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name E. Scott Garrett</p> <p>Office Sought: <input checked="" 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) ▼</p> <p>State: NJ District: 05</p>	<p><b>Transaction ID:</b> B253266 <b>Date of Disbursement:</b>  <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	9													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">3000.00</td></tr></table>	3000.00
3000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </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)

PAGE 125 / 130

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Dan Maffei</p> <p>Mailing Address 10 G Street NE Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Dan Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B251983 <b>Date of Disbursement</b> 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Maloney for Congress</p> <p>Mailing Address 110 D Street SE Suite 312</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Carolyn Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B252399 <b>Date of Disbursement</b> 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Crowley for Congress</p> <p>Mailing Address 50 E Street SE Suite 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B253267 <b>Date of Disbursement</b> 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**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)  
Gerlach for Congress

Mailing Address 700 12th Street NW Ste. 700

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Jim Gerlach

Office Sought:  House  
 Senate  
 President

State: PA District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B251772  
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
Pennsylvanians for Kanjorski

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement  
Contribution

Candidate Name  
Paul E Kanjorski

Office Sought:  House  
 Senate  
 President

State: PA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B251773  
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
DeMint for Senate Committee Inc

Mailing Address 700 12th Street NW Ste. 700

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
James DeMint

Office Sought:  House  
 Senate  
 President

State: SC District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B251807  
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3000.00

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)  
Neugebauer Congressional Committee

Mailing Address 217 3rd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name  
Randy R Neugebauer

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Transaction ID: B251779

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
New Democrat Coalition PAC

Mailing Address 604 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: DC District:

Not Applicable

Transaction ID: B251775

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Republican Mainstreet Partnership PAC

Mailing Address 1220 L St. NW Suite 100-263

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: DC District:

Not Applicable

Transaction ID: B251776

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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)

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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)  
Joe Coto For State Senate ID# 1314038

Mailing Address 1127 11th Street Suite 606

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2012 State Senate 13 CA

Candidate Name  
Joe Coto

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

State: District:

Transaction ID: B253291  
Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Gloria Negrete McLeod Senate 2010

Mailing Address 1005 12th Street Ste H

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2010 State Senate 32 CA

Candidate Name  
Gloria N McLeod

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: B253290  
Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dinges for Mayor

Mailing Address 2504 Thayer Street

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
G-2009 Mayor IL

Candidate Name  
Barnaby Dinges

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼

State: District:

Transaction ID: B251842  
Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

**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 129 / 130

<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)  
DeLuca for Legislature Cmte

Mailing Address 1438 Homestead Road

City State Zip Code  
Verona PA 15147

Purpose of Disbursement  
G-2010 State House 32 PA

Candidate Name  
Anthony M DeLuca

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B252821

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

3500.00

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.