

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="18587.52"/>	<input type="text" value="18587.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25159.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20554.32"/>	<input type="text" value="175792.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="45713.43"/>	<input type="text" value="194380.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2402.34"/>	<input type="text" value="151069.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43311.09"/>	<input type="text" value="43311.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 08 / 01 / 2014 To: 08 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19982.91	121445.21
(ii) Unitemized	571.41	54347.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20554.32	175792.76
(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)	20554.32	175792.76
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.).....	0.00	0.00
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 Transfers (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))..... ▶	20554.32	175792.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20554.32	175792.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	102.34	879.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	102.34	879.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	102000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	-2700.00	48190.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	2402.34	151069.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2402.34	151069.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	20554.32	175792.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20554.32	175792.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	102.34	879.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	102.34	879.19

**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 OF 188
	<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. REBECCA A ABEL
Full Name (Last, First, Middle Initial)
Mailing Address 657 CORAL COURT

City LINDENHURST	State IL	Zip Code 60046
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership C
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.93**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807897

Amount of Each Receipt this Period

24.70

B. REBECCA A ABEL
Full Name (Last, First, Middle Initial)
Mailing Address 657 CORAL COURT

City LINDENHURST	State IL	Zip Code 60046
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership C
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.63**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037818

Amount of Each Receipt this Period

24.70

C. ERNEST D ADAMS
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 105

City Grayslake	State IL	Zip Code 60030
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Leader-Director
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.08**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807726

Amount of Each Receipt this Period

20.88

SUBTOTAL of Receipts This Page (optional).....▶	70.28
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 188
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address P O Box 105

City Grayslake State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.96**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037648

Amount of Each Receipt this Period
20.88

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

Mailing Address 200 W MILL VALLEY DR

City COLLEYVILLE State TX Zip Code 76034

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

Name of Employer Allstate Insurance Company Occupation ATO-Service Manager-Sr Te

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.39**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807832

Amount of Each Receipt this Period
16.68

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

Mailing Address 200 W MILL VALLEY DR

City COLLEYVILLE State TX Zip Code 76034

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

Name of Employer Allstate Insurance Company Occupation ATO-Service Manager-Sr Te

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **282.07**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037754

Amount of Each Receipt this Period
16.68

SUBTOTAL of Receipts This Page (optional)..... ▶ **54.24**

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 9 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code
 Scottsdale AZ 85255

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

Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 369.86

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807660

Amount of Each Receipt this Period
 23.26

Full Name (Last, First, Middle Initial)
B. DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code
 Scottsdale AZ 85255

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

Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 393.12

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037582

Amount of Each Receipt this Period
 23.26

Full Name (Last, First, Middle Initial)
C. ALEXANDRA BALATSOUKAS

Mailing Address 1225 W. Morse Unit 508

City State Zip Code
 Chicago IL 60626

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

Name of Employer Occupation
 Allstate Insurance Company Claims-Field Leadership C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 515.20

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807836

Amount of Each Receipt this Period
 34.81

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.33

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

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

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

FOR LINE NUMBER: PAGE 10 OF 188
(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. ALEXANDRA BALATSOUKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 W. Morse Unit 508
 City Chicago State IL Zip Code 60626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.56

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037758
 Amount of Each Receipt this Period 33.36

B. WILLIAM P BALLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Blue Heron Way
 City Skillman State NJ Zip Code 08558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PRD-Chief Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.35

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807702
 Amount of Each Receipt this Period 39.37

C. WILLIAM P BALLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Blue Heron Way
 City Skillman State NJ Zip Code 08558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PRD-Chief Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 621.72

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037624
 Amount of Each Receipt this Period 39.37

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.10
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 188
	<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

Full Name (Last, First, Middle Initial) A. PHILLIP W BANET		Date of Receipt 08 / 08 / 2014 Transaction ID : A2014-1807730
Mailing Address 4589 JADE LANE		Amount of Each Receipt this Period 42.21
City HOFFMAN ESTATES	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company	
Occupation Senior Actuary		Aggregate Year-to-Date ▼ 669.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PHILLIP W BANET		Date of Receipt 08 / 22 / 2014 Transaction ID : A2014-2037652
Mailing Address 4589 JADE LANE		Amount of Each Receipt this Period 42.21
City HOFFMAN ESTATES	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company	
Occupation Senior Actuary		Aggregate Year-to-Date ▼ 712.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROBERT K BECKER		Date of Receipt 08 / 08 / 2014 Transaction ID : A2014-1807673
Mailing Address 5 Greensview Lane		Amount of Each Receipt this Period 30.33
City Scotch Plains	State NJ	Zip Code 07076
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company	
Occupation SVP-SAL-Field Senior Vice		Aggregate Year-to-Date ▼ 481.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	114.75
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 12 OF 188
<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. ROBERT K BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 5 Greensview Lane

City State Zip Code
Scotch Plains NJ 07076

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

Name of Employer Occupation
Allstate Insurance Company SVP-SAL-Field Senior Vice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **511.56**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037595

Amount of Each Receipt this Period
30.33

B. DIANE BELLAS
Full Name (Last, First, Middle Initial)

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Allstate Insurance Company Accounting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **363.73**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807758

Amount of Each Receipt this Period
22.86

C. DIANE BELLAS
Full Name (Last, First, Middle Initial)

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Allstate Insurance Company Accounting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **386.59**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037680

Amount of Each Receipt this Period
22.86

SUBTOTAL of Receipts This Page (optional)..... **76.05**

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 13 OF 188
(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. WALTER A BERKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 GATESHEAD DRIVE
 City NAPERVILLE State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AFT-Architect-Expert
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807799
 Amount of Each Receipt this Period
 37.14

B. WALTER A BERKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 GATESHEAD DRIVE
 City NAPERVILLE State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AFT-Architect-Expert
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.29

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037721
 Amount of Each Receipt this Period
 37.14

C. EDWARD A BIEMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 Greenwood Ave.
 City GLENCOE State IL Zip Code 60022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PRD-Product Line Mana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.55

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807686
 Amount of Each Receipt this Period
 43.52

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.80
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 14 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 SVP-PRD-Product Line Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 735.07

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037608

Amount of Each Receipt this Period
 43.52

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code
 LINCOLN NE 68516

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

Name of Employer Occupation
 Allstate Insurance Company Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 314.29

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807801

Amount of Each Receipt this Period
 19.86

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code
 LINCOLN NE 68516

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

Name of Employer Occupation
 Allstate Insurance Company Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 334.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037723

Amount of Each Receipt this Period
 19.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.24

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 15 OF 188
(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. SUSAN F BOMBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Blackhawk Ct
 City Loomis State CA Zip Code 95650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.41

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807898
 Amount of Each Receipt this Period
 16.20

B. SUSAN F BOMBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Blackhawk Ct
 City Loomis State CA Zip Code 95650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.61

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037819
 Amount of Each Receipt this Period
 16.20

C. DOUGLAS L BORG
 Full Name (Last, First, Middle Initial)
 Mailing Address 11988 Crafton Hills Crt
 City Yucaipa State CA Zip Code 92399
 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 ▼ 535.84

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807894
 Amount of Each Receipt this Period
 33.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.89
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: (check only one)	PAGE 16 OF 188
<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

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

Mailing Address 11988 Crafton Hills Crt

City Yucaipa	State CA	Zip Code 92399
-----------------	-------------	-------------------

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 ▼ **569.33**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037815

Amount of Each Receipt this Period

33.49

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

Mailing Address 827 N. HADDOW AVENUE

City ARLINGTON HTS	State IL	Zip Code 60004
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-B2B-Head of Strategic
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **502.37**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807757

Amount of Each Receipt this Period

31.66

Full Name (Last, First, Middle Initial)
C. WILLIAM B BORST

Mailing Address 827 N. HADDOW AVENUE

City ARLINGTON HTS	State IL	Zip Code 60004
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-B2B-Head of Strategic
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **534.03**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037679

Amount of Each Receipt this Period

31.66

SUBTOTAL of Receipts This Page (optional).....▶	96.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. GWEN K BOWN

Mailing Address 5220 SAWGRASS DR.

City LINCOLN	State NE	Zip Code 68526
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AFT-Manager-Sr Manager
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807876

Amount of Each Receipt this Period
17.16

Full Name (Last, First, Middle Initial)
B. GWEN K BOWN

Mailing Address 5220 SAWGRASS DR.

City LINCOLN	State NE	Zip Code 68526
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AFT-Manager-Sr Manager
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037797

Amount of Each Receipt this Period
17.16

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

Mailing Address 6350 S Langdale Way

City Aurora	State CO	Zip Code 80016
----------------	-------------	-------------------

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 ▼
608.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807881

Amount of Each Receipt this Period
38.33

SUBTOTAL of Receipts This Page (optional).....▶	72.65
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 188
(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. LONDON B BRADLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6350 S Langdale Way
 City State Zip Code
 Aurora CO 80016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Sales Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 646.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037802
 Amount of Each Receipt this Period
 38.33

B. KENNETH A BRANCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 28955 NIBLICK KNOLL CT.
 City State Zip Code
 IVANHOE IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-APL-Independent Channe
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 371.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807860
 Amount of Each Receipt this Period
 23.34

C. KENNETH A BRANCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 28955 NIBLICK KNOLL CT.
 City State Zip Code
 IVANHOE IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-APL-Independent Channe
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 394.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037781
 Amount of Each Receipt this Period
 23.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.01
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 19 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 18135 W MEANDER DR

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company PF-Fin Analysis-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807697

Amount of Each Receipt this Period
 21.41

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

Mailing Address 18135 W MEANDER DR

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company PF-Fin Analysis-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 361.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037619

Amount of Each Receipt this Period
 21.41

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
 LAKE ZURICH IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company VP-CLM-Claims Technical E

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 482.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807763

Amount of Each Receipt this Period
 53.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.41

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 20 OF 188
(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. SHAWN L BROADFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 APPLE BLOSSOM COURT
 City State Zip Code
 LAKE ZURICH IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-CLM-Claims Technical E
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037685
 Amount of Each Receipt this Period
 53.59

B. LORRIE K BROUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 POLK PLACE DRIVE
 City State Zip Code
 FRANKLIN TN 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 646.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807711
 Amount of Each Receipt this Period
 40.80

C. LORRIE K BROUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 POLK PLACE DRIVE
 City State Zip Code
 FRANKLIN TN 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 687.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037633
 Amount of Each Receipt this Period
 40.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.19
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: (check only one)	PAGE 21 OF 188
	<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

Full Name (Last, First, Middle Initial) A. PAMELA S BROWN		Date of Receipt
Mailing Address 5886 TEAL LANE		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
LONG GROVE	IL	60047
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1807828
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="21.00"/>
Name of Employer	Occupation	
Allstate Insurance Company	Corporate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="334.15"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PAMELA S BROWN		Date of Receipt
Mailing Address 5886 TEAL LANE		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
LONG GROVE	IL	60047
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2037750
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="21.00"/>
Name of Employer	Occupation	
Allstate Insurance Company	Corporate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="355.15"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ANNE MARIE L BRUNNER		Date of Receipt
Mailing Address 2514 SOUTH WESLEY AVE		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
BERWYN	IL	60402
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1807762
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.67"/>
Name of Employer	Occupation	
Allstate Insurance Company	Corporate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="645.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="82.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. ANNE MARIE L BRUNNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2514 SOUTH WESLEY AVE
 City BERWYN State IL Zip Code 60402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 686.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037684
 Amount of Each Receipt this Period
 40.67

B. JOHN E BUCHANAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 W. 690 LINDSEY AVE.
 City WINFIELD State IL Zip Code 60190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807819
 Amount of Each Receipt this Period
 18.08

C. JOHN E BUCHANAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 W. 690 LINDSEY AVE.
 City WINFIELD State IL Zip Code 60190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037741
 Amount of Each Receipt this Period
 18.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.83
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 188
<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

Full Name (Last, First, Middle Initial)
A. CHERI M BUCKLEY

Mailing Address 249 S. OLD CREEK RD

City VERNON HILLS	State IL	Zip Code 60061
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Director
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807824

Amount of Each Receipt this Period
13.47

Full Name (Last, First, Middle Initial)
B. CHERI M BUCKLEY

Mailing Address 249 S. OLD CREEK RD

City VERNON HILLS	State IL	Zip Code 60061
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Director
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037746

Amount of Each Receipt this Period
13.47

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

Mailing Address 1077 Devon Drive

City Antioch	State IL	Zip Code 60002
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Sr Manager
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807760

Amount of Each Receipt this Period
16.76

SUBTOTAL of Receipts This Page (optional).....▶	43.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MARK L BUKOWY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1077 Devon Drive
 City Antioch State IL Zip Code 60002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.84

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037682
 Amount of Each Receipt this Period
 16.76

B. TYRONE A BURNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 868 CHARLTON ROAD
 City LAKE VILLA State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation HR-Workforce Relations-Di
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.78

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807694
 Amount of Each Receipt this Period
 17.38

C. TYRONE A BURNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 868 CHARLTON ROAD
 City LAKE VILLA State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation HR-Workforce Relations-Di
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.16

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037616
 Amount of Each Receipt this Period
 17.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.52
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 25 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2000 N. BROADMOOR LANE

City VERNON HILLS State IL Zip Code 60061

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

Name of Employer Allstate Insurance Company Occupation SVP-HR-Client Partnership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **931.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807690

Amount of Each Receipt this Period
58.85

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

Mailing Address 2000 N. BROADMOOR LANE

City VERNON HILLS State IL Zip Code 60061

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

Name of Employer Allstate Insurance Company Occupation SVP-HR-Client Partnership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **990.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037612

Amount of Each Receipt this Period
58.85

C. ALICE M BYRNE
Full Name (Last, First, Middle Initial)

Mailing Address 4121 109TH STREET

City PLEASANT PRAIRI State WI Zip Code 53158

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

Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1435.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807851

Amount of Each Receipt this Period
90.29

SUBTOTAL of Receipts This Page (optional).....	207.99
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: (check only one)	PAGE 26 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. ALICE M BYRNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 109TH STREET
 City PLEASANT PRAIRI State WI Zip Code 53158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1525.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037772
 Amount of Each Receipt this Period
90.29

B. Alfredo M Cantoral
 Full Name (Last, First, Middle Initial)
 Mailing Address 1960 Clyde Dr
 City Naperville State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.21**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807925
 Amount of Each Receipt this Period
26.48

C. Alfredo M Cantoral
 Full Name (Last, First, Middle Initial)
 Mailing Address 1960 Clyde Dr
 City Naperville State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **446.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037846
 Amount of Each Receipt this Period
26.48

SUBTOTAL of Receipts This Page (optional).....	143.25
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 27 OF 188
(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. VIRGINIA O CHIAPPETTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 ARLINGTON AVE
 City State Zip Code
 ELMHURST IL 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Communications-Sr Man
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 339.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807807
 Amount of Each Receipt this Period
 21.54

B. VIRGINIA O CHIAPPETTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 ARLINGTON AVE
 City State Zip Code
 ELMHURST IL 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Communications-Sr Man
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 361.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037729
 Amount of Each Receipt this Period
 21.54

C. BRIAN L CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 Lake Circle
 City State Zip Code
 MADISON MS 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims-CAT Finance & Resp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 302.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807859
 Amount of Each Receipt this Period
 19.05

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.13
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 257 Lake Circle

City MADISON State MS Zip Code 39110

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

Name of Employer Allstate Insurance Company Occupation Claims-CAT Finance & Resp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.33**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037780

Amount of Each Receipt this Period
19.05

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

Mailing Address 2907 GLENARYE DR

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **472.27**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807812

Amount of Each Receipt this Period
30.77

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

Mailing Address 2907 GLENARYE DR

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **503.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037734

Amount of Each Receipt this Period
30.77

SUBTOTAL of Receipts This Page (optional)..... **80.59**

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: (check only one)	PAGE 29 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. CHRISTOPHER W CLAY
Full Name (Last, First, Middle Initial)

Mailing Address 9832 Toscano Drive

City ELK GROVE State CA Zip Code 95757

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

Name of Employer Allstate Insurance Company Occupation Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **584.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807910

Amount of Each Receipt this Period
36.88

B. CHRISTOPHER W CLAY
Full Name (Last, First, Middle Initial)

Mailing Address 9832 Toscano Drive

City ELK GROVE State CA Zip Code 95757

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

Name of Employer Allstate Insurance Company Occupation Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **621.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037831

Amount of Each Receipt this Period
36.88

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

Mailing Address 4667 TAMWORTH DR

City PALM HARBOR State FL Zip Code 34685

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

Name of Employer Allstate Insurance Company Occupation Marketing Regional Sr Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **529.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807810

Amount of Each Receipt this Period
33.41

SUBTOTAL of Receipts This Page (optional)..... ▶ **107.17**

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 30 OF 188
(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. DEBORAH L CLOUSER
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Allstate Insurance Company Marketing Regional Sr Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.43

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037732
 Amount of Each Receipt this Period
 33.41

B. LISA D COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 FAIRVIEW AVENUE
 City State Zip Code
 WINNETKA IL 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-Integrated Mrkng
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 621.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807784
 Amount of Each Receipt this Period
 39.13

C. LISA D COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 FAIRVIEW AVENUE
 City State Zip Code
 WINNETKA IL 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-Integrated Mrkng
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.93

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037706
 Amount of Each Receipt this Period
 39.13

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. PATRICK E COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6911 Brimstone Lane
 City Fairfax Station State VA Zip Code 22039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation HR-Client Partner Field B
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.51

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807709
 Amount of Each Receipt this Period
 17.00

B. PATRICK E COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6911 Brimstone Lane
 City Fairfax Station State VA Zip Code 22039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation HR-Client Partner Field B
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 287.51

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037631
 Amount of Each Receipt this Period
 17.00

C. PATRICIA A COFFEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21200 W. KEPWICK
 City KILDEER State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-ATO-Delivery & Risk M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 573.97

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807787
 Amount of Each Receipt this Period
 36.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.36
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. PATRICIA A COFFEY
Full Name (Last, First, Middle Initial)
Mailing Address 21200 W. KEPWICK

City KILDEER	State IL	Zip Code 60047
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-ATO-Delivery & Risk M
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.33**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037709

Amount of Each Receipt this Period

36.36

B. EDWARD T COLLINS
Full Name (Last, First, Middle Initial)
Mailing Address 809 DUNHILL COURT

City GURNEE	State IL	Zip Code 60031
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-LGL-Public Policy Deve
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **823.93**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807755

Amount of Each Receipt this Period

51.92

C. EDWARD T COLLINS
Full Name (Last, First, Middle Initial)
Mailing Address 809 DUNHILL COURT

City GURNEE	State IL	Zip Code 60031
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-LGL-Public Policy Deve
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.85**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037677

Amount of Each Receipt this Period

51.92

SUBTOTAL of Receipts This Page (optional).....▶	140.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 188
	<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

Full Name (Last, First, Middle Initial) A. LARRY K CONLEE		Date of Receipt MM / DD / YYYY 08 / 08 / 2014 Transaction ID : A2014-1807775
Mailing Address 363 Kensington Ct.		Amount of Each Receipt this Period 21.36
City Palatine	State IL	Zip Code 60067
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.99	

Full Name (Last, First, Middle Initial) B. LARRY K CONLEE		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : A2014-2037697
Mailing Address 363 Kensington Ct.		Amount of Each Receipt this Period 21.36
City Palatine	State IL	Zip Code 60067
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.35	

Full Name (Last, First, Middle Initial) C. PETER T CORRIGAN		Date of Receipt MM / DD / YYYY 08 / 08 / 2014 Transaction ID : A2014-1807658
Mailing Address 28852 FOREST LAKE LANE		Amount of Each Receipt this Period 69.36
City GREEN OAKS	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-ATO-Group CIO Persona	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1084.65	

SUBTOTAL of Receipts This Page (optional).....▶	112.08
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: (check only one)	PAGE 34 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. PETER T CORRIGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 28852 FOREST LAKE LANE
 City GREEN OAKS State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-ATO-Group CIO Persona
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1154.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037580
 Amount of Each Receipt this Period
 69.36

B. ERROL CRAMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 SARANAC AVE.
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-AF-Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807789
 Amount of Each Receipt this Period
 19.18

C. ERROL CRAMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 SARANAC AVE.
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-AF-Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037711
 Amount of Each Receipt this Period
 19.18

SUBTOTAL of Receipts This Page (optional).....▶	107.72
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 35 OF 188
(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. RICHARD C CRIST Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3227 Meadow Lane
 City State Zip Code
 Collegeville PA 19426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1216.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807695
 Amount of Each Receipt this Period
 76.75

B. RICHARD C CRIST Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3227 Meadow Lane
 City State Zip Code
 Collegeville PA 19426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1292.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037617
 Amount of Each Receipt this Period
 76.75

C. ROBERT W DANIELS
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Allstate Insurance Company Corp Rel Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 645.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807710
 Amount of Each Receipt this Period
 40.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.08
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 36 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Allstate Insurance Company Corp Rel Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 686.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037632

Amount of Each Receipt this Period
 40.58

Full Name (Last, First, Middle Initial)
B. JOHN A DAVISON

Mailing Address 2104 Butternut Ln

City State Zip Code
 NORTHBROOK IL 60062

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

Name of Employer Occupation
 Allstate Insurance Company Claims-HO Leadership-Sr M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 298.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807718

Amount of Each Receipt this Period
 18.78

Full Name (Last, First, Middle Initial)
C. JOHN A DAVISON

Mailing Address 2104 Butternut Ln

City State Zip Code
 NORTHBROOK IL 60062

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

Name of Employer Occupation
 Allstate Insurance Company Claims-HO Leadership-Sr M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 316.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037640

Amount of Each Receipt this Period
 18.78

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RANDALL S DECOURSEY
Full Name (Last, First, Middle Initial)
Mailing Address 1954 Oakwood Dr

City Arlington Heights	State IL	Zip Code 60004
---------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-AF-Contact Center Impl
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **723.95**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807756

Amount of Each Receipt this Period

45.86

B. RANDALL S DECOURSEY
Full Name (Last, First, Middle Initial)
Mailing Address 1954 Oakwood Dr

City Arlington Heights	State IL	Zip Code 60004
---------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-AF-Contact Center Impl
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.81**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037678

Amount of Each Receipt this Period

45.86

C. STEVEN J DEGNAN-SCHMIDT
Full Name (Last, First, Middle Initial)
Mailing Address 1320 MULBERRY LN.

City CARY	State IL	Zip Code 60013
--------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Mgmt Consulting-Direc
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.05**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807724

Amount of Each Receipt this Period

43.18

SUBTOTAL of Receipts This Page (optional).....	134.90
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 38 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. STEVEN J DEGNAN-SCHMIDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 MULBERRY LN.
 City CARY State IL Zip Code 60013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Mgmt Consulting-Direc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037646
 Amount of Each Receipt this Period
 43.18

B. JEFFREY F DEIGL
 Full Name (Last, First, Middle Initial)
 Mailing Address 453 PRAIRIE
 City ELMHURST State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Product Vice Presi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807823
 Amount of Each Receipt this Period
 57.20

C. JEFFREY F DEIGL
 Full Name (Last, First, Middle Initial)
 Mailing Address 453 PRAIRIE
 City ELMHURST State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Product Vice Presi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 967.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037745
 Amount of Each Receipt this Period
 57.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.58
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City State Zip Code
 BARRINGTON IL 60010

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.52

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807804

Amount of Each Receipt this Period
 22.98

Full Name (Last, First, Middle Initial)
B. DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City State Zip Code
 BARRINGTON IL 60010

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 388.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037726

Amount of Each Receipt this Period
 22.98

Full Name (Last, First, Middle Initial)
C. Kristine DiGirolamo

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
 BARRINGTON HILLS IL 60102

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

Name of Employer Occupation
 Allstate Insurance Company Compliance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 344.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807852

Amount of Each Receipt this Period
 21.68

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Kristine DiGirolamo
 Full Name (Last, First, Middle Initial)
 Mailing Address 10123 NORTH RIVER ROAD
 City BARRINGTON HILLS State IL Zip Code 60102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Compliance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.72

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037773
 Amount of Each Receipt this Period 21.68

B. Victoria A Dinges
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 Chapel Hill Lane
 City Northfield State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-CR-Ent. Social Resp.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1035.78

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807912
 Amount of Each Receipt this Period 65.52

C. Victoria A Dinges
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 Chapel Hill Lane
 City Northfield State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-CR-Ent. Social Resp.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1101.30

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037833
 Amount of Each Receipt this Period 65.52

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.72
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: (check only one)	PAGE 41 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. 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 Occupation
Allstate Insurance Company VP-AF-Program Mgmt Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
980.77

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807805

Amount of Each Receipt this Period
61.47

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Allstate Insurance Company VP-AF-Program Mgmt Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1042.24

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037727

Amount of Each Receipt this Period
61.47

Full Name (Last, First, Middle Initial)
C. BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code
Lincolnwood IL 60712

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

Name of Employer Occupation
Allstate Insurance Company Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.63

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807873

Amount of Each Receipt this Period
21.72

SUBTOTAL of Receipts This Page (optional).....▶	144.66
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code
 Lincolnwood IL 60712

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

Name of Employer Occupation
 Allstate Insurance Company Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 367.35

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037794

Amount of Each Receipt this Period
 21.72

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

Mailing Address 472 W. SYCAMORE ST.

City State Zip Code
 VERNON HILLS IL 60061

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

Name of Employer Occupation
 Allstate Insurance Company Marketing Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 518.01

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807743

Amount of Each Receipt this Period
 32.73

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

Mailing Address 472 W. SYCAMORE ST.

City State Zip Code
 VERNON HILLS IL 60061

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

Name of Employer Occupation
 Allstate Insurance Company Marketing Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.74

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037665

Amount of Each Receipt this Period
 32.73

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.18

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

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

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

FOR LINE NUMBER: PAGE 43 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Stacy Drumtra

Mailing Address 114 E. Euclid Ave

City State Zip Code
 Arlington Heights IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company Corp Rel Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037834

Amount of Each Receipt this Period
 35.83

Full Name (Last, First, Middle Initial)
B. SUSAN DUCHAK

Mailing Address 4815 HIGHLAND AVE.

City State Zip Code
 DOWNERS GROVE IL 60515

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

Name of Employer Occupation
 Allstate Insurance Company Corp Rel Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 244.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807907

Amount of Each Receipt this Period
 15.48

Full Name (Last, First, Middle Initial)
C. SUSAN DUCHAK

Mailing Address 4815 HIGHLAND AVE.

City State Zip Code
 DOWNERS GROVE IL 60515

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

Name of Employer Occupation
 Allstate Insurance Company Corp Rel Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037828

Amount of Each Receipt this Period
 15.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.79

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DONALD L DUFF
Full Name (Last, First, Middle Initial)
Mailing Address 2 Washington Ct..
City State Zip Code
STREAMWOOD IL 60107
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Allstate Insurance Company AB2B ABI-Product Line-Dir
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
545.26

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014
Transaction ID : A2014-1807741
Amount of Each Receipt this Period
34.63

B. DONALD L DUFF
Full Name (Last, First, Middle Initial)
Mailing Address 2 Washington Ct..
City State Zip Code
STREAMWOOD IL 60107
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Allstate Insurance Company AB2B ABI-Product Line-Dir
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
579.89

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : A2014-2037663
Amount of Each Receipt this Period
34.63

C. MICHAEL S DUNN
Full Name (Last, First, Middle Initial)
Mailing Address 18202 HARNISH RD.
City State Zip Code
ROSCOE IL 61073
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Allstate Insurance Company Claims-Project Mgmt-Manag
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
462.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014
Transaction ID : A2014-1807794
Amount of Each Receipt this Period
29.17

SUBTOTAL of Receipts This Page (optional).....	98.43
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 45 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 18202 HARNISH RD.

City State Zip Code
ROSCOE IL 61073

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

Name of Employer Occupation
Allstate Insurance Company Claims-Project Mgmt-Manag

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **492.07**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037716

Amount of Each Receipt this Period
29.17

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

Mailing Address 1860 Admiral Court

City State Zip Code
GLENVIEW IL 60026

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

Name of Employer Occupation
Allstate Insurance Company VP-B2B-Strategy & Project

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.28**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807795

Amount of Each Receipt this Period
26.31

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

Mailing Address 1860 Admiral Court

City State Zip Code
GLENVIEW IL 60026

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

Name of Employer Occupation
Allstate Insurance Company VP-B2B-Strategy & Project

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **442.59**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037717

Amount of Each Receipt this Period
26.31

SUBTOTAL of Receipts This Page (optional)..... ▶ **81.79**

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 46 OF 188
(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. DOUGLAS P DUPONT
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 ESSEX LANE
 City LINCOLNSHIRE State IL Zip Code 60069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation MD-INV-Portfolio Manageme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807846
 Amount of Each Receipt this Period
 29.38

B. DOUGLAS P DUPONT
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 ESSEX LANE
 City LINCOLNSHIRE State IL Zip Code 60069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation MD-INV-Portfolio Manageme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037768
 Amount of Each Receipt this Period
 29.38

C. JEFFREY P DWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 CHAMPLAIN COURT
 City MANAHAWKIN State NJ Zip Code 08050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership R
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807657
 Amount of Each Receipt this Period
 16.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.97
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. JEFFREY P DWYER

Mailing Address 44 CHAMPLAIN COURT

City MANAHAWKIN State NJ Zip Code 08050

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

Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.81**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037579

Amount of Each Receipt this Period
16.21

Full Name (Last, First, Middle Initial)
B. Thomas V Ealy

Mailing Address 2601 N. Greenview Ave.

City Chicago State IL Zip Code 60614

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

Name of Employer Allstate Insurance Company Occupation SVP-B2B-President Encomp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1327.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807926

Amount of Each Receipt this Period
82.99

Full Name (Last, First, Middle Initial)
C. Thomas V Ealy

Mailing Address 2601 N. Greenview Ave.

City Chicago State IL Zip Code 60614

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

Name of Employer Allstate Insurance Company Occupation SVP-B2B-President Encomp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1410.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037847

Amount of Each Receipt this Period
82.99

SUBTOTAL of Receipts This Page (optional)..... ▶ **182.19**

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: (check only one)	PAGE 48 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. ROBERT N EMMICH
Full Name (Last, First, Middle Initial)

Mailing Address 108 SADDLE CREEK COVE

City CANTON	State MS	Zip Code 39046
----------------	-------------	-------------------

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 ▼ **301.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807902

Amount of Each Receipt this Period

91.75

18.95

B. ROBERT N EMMICH
Full Name (Last, First, Middle Initial)

Mailing Address 108 SADDLE CREEK COVE

City CANTON	State MS	Zip Code 39046
----------------	-------------	-------------------

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 ▼ **320.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037823

Amount of Each Receipt this Period

91.75

18.95

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

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 VP-FSS-Accounting
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **857.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807815

Amount of Each Receipt this Period

91.75

53.85

SUBTOTAL of Receipts This Page (optional).....▶	91.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 188
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. KATHLEEN N ENRIGHT
 Full Name (Last, First, Middle Initial)
 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 VP-FSS-Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 911.49

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037737
 Amount of Each Receipt this Period 53.85

B. MICHAEL L ESCOBAR
 Full Name (Last, First, Middle Initial)
 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 VP-HR-Diversity & Org. Ef
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.38

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807661
 Amount of Each Receipt this Period 58.85

C. MICHAEL L ESCOBAR
 Full Name (Last, First, Middle Initial)
 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 VP-HR-Diversity & Org. Ef
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 995.23

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037583
 Amount of Each Receipt this Period 58.85

SUBTOTAL of Receipts This Page (optional).....▶	171.55
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 188
(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. CAROLYN A FILIPOVIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 JUNIPER ROAD
 City GLENVIEW State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Ethics Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.89

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807839
 Amount of Each Receipt this Period
 32.32

B. CAROLYN A FILIPOVIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 JUNIPER ROAD
 City GLENVIEW State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Ethics Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.21

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037761
 Amount of Each Receipt this Period
 32.32

C. STEVEN FINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 40375 N. SEA EAGLE CT
 City ANTIOCH State IL Zip Code 60002
 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 ▼ 452.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807688
 Amount of Each Receipt this Period
 28.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.10
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City ANTIOCH	State IL	Zip Code 60002
-----------------	-------------	-------------------

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 ▼ **481.30**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037610

Amount of Each Receipt this Period

28.46

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

Mailing Address 1007 Harris Road

City GRAYSLAKE	State IL	Zip Code 60030
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-AF-Customer Strategy
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **642.47**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807848

Amount of Each Receipt this Period

40.22

Full Name (Last, First, Middle Initial)
C. ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City LAKE FOREST	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-LGL-Allstate Financial
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **862.53**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807875

Amount of Each Receipt this Period

54.33

SUBTOTAL of Receipts This Page (optional).....▶	123.01
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 52 OF 188
(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. ANGELA K FONTANA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1280 WILD ROSE LANE
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-LGL-Allstate Financial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037796
 Amount of Each Receipt this Period
 54.33

B. SARA A FOSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 BARRETT DR
 City State Zip Code
 ALGONQUIN IL 60102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Six Sigma-Expert
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 559.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807774
 Amount of Each Receipt this Period
 35.54

C. SARA A FOSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 BARRETT DR
 City State Zip Code
 ALGONQUIN IL 60102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Six Sigma-Expert
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037696
 Amount of Each Receipt this Period
 35.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.41
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 53 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ANGELA M Fusco

Mailing Address 29 Tullach Place

City State Zip Code
Stonebrae CA 94542

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
683.21

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807696

Amount of Each Receipt this Period
43.28

Full Name (Last, First, Middle Initial)
B. ANGELA M Fusco

Mailing Address 29 Tullach Place

City State Zip Code
Stonebrae CA 94542

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
726.49

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037618

Amount of Each Receipt this Period
43.28

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Occupation
Allstate Insurance Company SVP-SAL-Field Senior Vice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
453.53

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807659

Amount of Each Receipt this Period
28.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.06**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 188
	<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

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

Mailing Address **6 SUGAR MAPLE COURT**

City **DIX HILLS** State **NY** Zip Code **11746**

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

Name of Employer **Allstate Insurance Company** Occupation **SVP-SAL-Field Senior Vice**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **482.03**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037581

Amount of Each Receipt this Period
28.50

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

Mailing Address **1667 FLAGSTONE DRIVE**

City **CRYSTAL LAKE** State **IL** Zip Code **60014**

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

Name of Employer **Allstate Insurance Company** Occupation **AB2B-Leader-Sr Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **282.06**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807739

Amount of Each Receipt this Period
17.75

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

Mailing Address **1667 FLAGSTONE DRIVE**

City **CRYSTAL LAKE** State **IL** Zip Code **60014**

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

Name of Employer **Allstate Insurance Company** Occupation **AB2B-Leader-Sr Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **299.81**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037661

Amount of Each Receipt this Period
17.75

SUBTOTAL of Receipts This Page (optional)..... **64.00**

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: (check only one)	PAGE 55 OF 188
<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. Mark L Gardner
Full Name (Last, First, Middle Initial)
Mailing Address 31 Meadow Place
City Rye State NY Zip Code 10580
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Senior Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2014
Transaction ID : A2014-1634803
Amount of Each Receipt this Period 500.00

B. MARY C GARDNER
Full Name (Last, First, Middle Initial)
Mailing Address 4506 DEER TRAIL
City Northbrook State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Privacy Sr. Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 217.72

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807692
Amount of Each Receipt this Period 13.74

C. MARY C GARDNER
Full Name (Last, First, Middle Initial)
Mailing Address 4506 DEER TRAIL
City Northbrook State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Privacy Sr. Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.46

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037614
Amount of Each Receipt this Period 13.74

SUBTOTAL of Receipts This Page (optional)..... ▶ 527.48
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 188
(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. NICK GEORGAKOPOULOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 N Mitchell Ave
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 644.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807779
 Amount of Each Receipt this Period
 40.77

B. NICK GEORGAKOPOULOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 N Mitchell Ave
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 685.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037701
 Amount of Each Receipt this Period
 40.77

C. BONNIE S GILL
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Allstate Insurance Company VP-PRD-Product Vice Presi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807877
 Amount of Each Receipt this Period
 34.03

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.57
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 57 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 574.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037798

Amount of Each Receipt this Period
 34.03

Full Name (Last, First, Middle Initial)
B. JOAN M 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 Director Litigation Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 732.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807662

Amount of Each Receipt this Period
 46.08

Full Name (Last, First, Middle Initial)
C. JOAN M 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 Director Litigation Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 778.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037584

Amount of Each Receipt this Period
 46.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.19

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 58 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. WILLIAM T GOFF

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **366.29**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807663

Amount of Each Receipt this Period
23.02

Full Name (Last, First, Middle Initial)
B. WILLIAM T GOFF

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **389.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037585

Amount of Each Receipt this Period
23.02

Full Name (Last, First, Middle Initial)
C. BRUCE R GOLDBERG

Mailing Address 10 MULBERRY 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 Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.33**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807748

Amount of Each Receipt this Period
22.27

SUBTOTAL of Receipts This Page (optional)..... ▶ **68.31**

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

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

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

FOR LINE NUMBER: PAGE 59 OF 188
(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. BRUCE R GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 MULBERRY LN
 City State Zip Code
 HAWTHORN WOODS IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 377.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037670
 Amount of Each Receipt this Period
 22.27

B. ANN A GOULD
 Full Name (Last, First, Middle Initial)
 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 Senior Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 581.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807899
 Amount of Each Receipt this Period
 36.57

C. ANN A GOULD
 Full Name (Last, First, Middle Initial)
 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 Senior Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 618.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037820
 Amount of Each Receipt this Period
 36.57

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.41
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 60 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. GEORGE F GRAWE
Full Name (Last, First, Middle Initial)

Mailing Address 801 N. Vail Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Allstate Insurance Company VP-LGL-Staff & Retained C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **849.28**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807720

Amount of Each Receipt this Period
53.80

B. GEORGE F GRAWE
Full Name (Last, First, Middle Initial)

Mailing Address 801 N. Vail Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Allstate Insurance Company VP-LGL-Staff & Retained C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **903.08**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037642

Amount of Each Receipt this Period
53.80

C. KELLIE H GREEN
Full Name (Last, First, Middle Initial)

Mailing Address 150 Meadowlark Circle

City State Zip Code
Lindenhurst IL 60046

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

Name of Employer Occupation
Allstate Insurance Company CE-Director Agency Suppor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.33**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807707

Amount of Each Receipt this Period
19.95

SUBTOTAL of Receipts This Page (optional)..... ▶ **127.55**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. KELLIE H GREEN
Full Name (Last, First, Middle Initial)

Mailing Address 150 Meadowlark Circle

City Lindenhurst State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation CE-Director Agency Suppor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.28**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037629

Amount of Each Receipt this Period
19.95

B. Mark A Green
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Wildwood Ct

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation SVP-B2B-President Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1004.77**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807919

Amount of Each Receipt this Period
65.72

c. Mark A Green
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Wildwood Ct

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation SVP-B2B-President Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1070.49**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037840

Amount of Each Receipt this Period
65.72

SUBTOTAL of Receipts This Page (optional)..... ▶ **151.39**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JUDITH P GREFFIN
Full Name (Last, First, Middle Initial)

Mailing Address 338 North Kenilworth

City OAK PARK State IL Zip Code 60302

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

Name of Employer Allstate Insurance Company Occupation EVP-INV-Chief Investment

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1221.39**

Date of Receipt **08 / 08 / 2014**
Transaction ID : A2014-1807728

Amount of Each Receipt this Period **77.31**

B. JUDITH P GREFFIN
Full Name (Last, First, Middle Initial)

Mailing Address 338 North Kenilworth

City OAK PARK State IL Zip Code 60302

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

Name of Employer Allstate Insurance Company Occupation EVP-INV-Chief Investment

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1298.70**

Date of Receipt **08 / 22 / 2014**
Transaction ID : A2014-2037650

Amount of Each Receipt this Period **77.31**

C. M'BA G GREGOIRE
Full Name (Last, First, Middle Initial)

Mailing Address 35 Linden Road

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation Director Litigation Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **313.67**

Date of Receipt **08 / 08 / 2014**
Transaction ID : A2014-1807901

Amount of Each Receipt this Period **21.46**

SUBTOTAL of Receipts This Page (optional)..... **176.08**

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: (check only one)	PAGE 63 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. M'BA G GREGOIRE

Mailing Address 35 Linden Road

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Director Litigation Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.13

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037822

Amount of Each Receipt this Period
21.46

Full Name (Last, First, Middle Initial)
B. MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City State Zip Code
WESTBURY NY 11590

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

Name of Employer Occupation
Allstate Insurance Company Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
282.22

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807675

Amount of Each Receipt this Period
19.01

Full Name (Last, First, Middle Initial)
C. MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City State Zip Code
WESTBURY NY 11590

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

Name of Employer Occupation
Allstate Insurance Company Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.23

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037597

Amount of Each Receipt this Period
19.01

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Gerard T GROUZARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 943 W CAROLYN DR
 City PALATINE State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Leader-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807746
 Amount of Each Receipt this Period
 16.75

B. Gerard T GROUZARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 943 W CAROLYN DR
 City PALATINE State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Leader-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037668
 Amount of Each Receipt this Period
 16.75

C. GREGORY J GUIDOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6130 St. Andrews Ct.
 City Ponte Vedra Beach State FL Zip Code 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-B2B-President Allsta
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 533.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807838
 Amount of Each Receipt this Period
 33.70

SUBTOTAL of Receipts This Page (optional).....▶	67.20
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 65 OF 188
(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. GREGORY J GUIDOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6130 St. Andrews Ct.
 City State Zip Code
 Ponte Vedra Beach FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-B2B-President Allsta
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 567.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037760
 Amount of Each Receipt this Period
 33.70

B. Sanjay Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1971 Farnsworth Ln
 City State Zip Code
 Northbrook IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1018.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807937
 Amount of Each Receipt this Period
 64.15

C. Sanjay Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1971 Farnsworth Ln
 City State Zip Code
 Northbrook IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1082.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037858
 Amount of Each Receipt this Period
 64.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 162.00
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: (check only one)	PAGE 66 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. ROBERT R HALPERN-GIVENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 SUTTON WOODS CT
 City State Zip Code
 CRYSTAL LAKE IL 60012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company HR-Payroll & Relocation-S
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 290.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807814
 Amount of Each Receipt this Period
 18.20

B. ROBERT R HALPERN-GIVENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 SUTTON WOODS CT
 City State Zip Code
 CRYSTAL LAKE IL 60012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company HR-Payroll & Relocation-S
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.59

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037736
 Amount of Each Receipt this Period
 18.20

C. RANDALL M HANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 ALLEGHANY
 City State Zip Code
 GRAYSLAKE IL 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims-HO Leadership-Dire
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 662.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807882
 Amount of Each Receipt this Period
 41.78

SUBTOTAL of Receipts This Page (optional).....▶	78.18
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 67 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RANDALL M HANSON
Full Name (Last, First, Middle Initial)
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 Claims-HO Leadership-Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 704.77	

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037803

Amount of Each Receipt this Period
41.78

B. David S Harper
Full Name (Last, First, Middle Initial)
Mailing Address 41 Lancaster Lane

City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1066.38	

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807921

Amount of Each Receipt this Period
67.20

c. David S Harper
Full Name (Last, First, Middle Initial)
Mailing Address 41 Lancaster Lane

City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1133.58	

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037842

Amount of Each Receipt this Period
67.20

SUBTOTAL of Receipts This Page (optional).....▶	176.18
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 68 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Cheryl A Harris

Mailing Address 4136 Three Lakes Drive

City State Zip Code
 Long Grove IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company SVP-SPS-Sourcing & Procur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1004.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807933

Amount of Each Receipt this Period
 64.62

Full Name (Last, First, Middle Initial)
B. Cheryl A Harris

Mailing Address 4136 Three Lakes Drive

City State Zip Code
 Long Grove IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company SVP-SPS-Sourcing & Procur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1068.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037854

Amount of Each Receipt this Period
 64.62

Full Name (Last, First, Middle Initial)
C. Jacqueline J Hart

Mailing Address 1431 W. Walton

City State Zip Code
 Chicago IL 60622

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

Name of Employer Occupation
 Allstate Insurance Company Field Administration Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 286.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807915

Amount of Each Receipt this Period
 18.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.41

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 69 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Jacqueline J Hart
 Mailing Address 1431 W. Walton
 City State Zip Code
 Chicago IL 60622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Field Administration Dire
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 305.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037836
 Amount of Each Receipt this Period
 18.17

Full Name (Last, First, Middle Initial)
B. James A Haskins
 Mailing Address 511 Oak Knoll Road
 City State Zip Code
 Barrington IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Regional Presiden
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 301.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807934
 Amount of Each Receipt this Period
 100.38

Full Name (Last, First, Middle Initial)
C. James A Haskins
 Mailing Address 511 Oak Knoll Road
 City State Zip Code
 Barrington IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Regional Presiden
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 401.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037855
 Amount of Each Receipt this Period
 100.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.93
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: (check only one)	PAGE 70 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. KEITH A HAUSCHILDT
Full Name (Last, First, Middle Initial)

Mailing Address 25 Players Club Villas Rd

City State Zip Code
Ponte Vedra FL 32082

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

Name of Employer Occupation
Allstate Insurance Company VP-B2B-Allstate Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **578.23**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807725

Amount of Each Receipt this Period
39.42

B. KEITH A HAUSCHILDT
Full Name (Last, First, Middle Initial)

Mailing Address 25 Players Club Villas Rd

City State Zip Code
Ponte Vedra FL 32082

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

Name of Employer Occupation
Allstate Insurance Company VP-B2B-Allstate Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **617.65**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037647

Amount of Each Receipt this Period
39.42

C. Troy M Hawkes
Full Name (Last, First, Middle Initial)

Mailing Address 2557 Kane Lane

City State Zip Code
Batavia IL 60510

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

Name of Employer Occupation
Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **553.80**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807938

Amount of Each Receipt this Period
46.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **124.99**

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: (check only one)	PAGE 71 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Troy M Hawkes

Mailing Address 2557 Kane Lane

City Batavia	State IL	Zip Code 60510
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-SAL-Field Vice Preside
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **599.95**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037859

Amount of Each Receipt this Period
46.15

Full Name (Last, First, Middle Initial)
B. JEFFREY R HEALY

Mailing Address 7452 BERKELEY CIRCLE

City CASTLE ROCK	State CO	Zip Code 80108
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Regional Financial Sales
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.03**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807681

Amount of Each Receipt this Period
17.30

Full Name (Last, First, Middle Initial)
C. JEFFREY R HEALY

Mailing Address 7452 BERKELEY CIRCLE

City CASTLE ROCK	State CO	Zip Code 80108
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Regional Financial Sales
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **293.33**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037603

Amount of Each Receipt this Period
17.30

SUBTOTAL of Receipts This Page (optional).....▶	80.75
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 72 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Jon E Hedegard
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Rose St. NE

City Olympia	State WA	Zip Code 98506
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Senior Attorney
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807939

Amount of Each Receipt this Period
33.23

B. Jon E Hedegard
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Rose St. NE

City Olympia	State WA	Zip Code 98506
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Senior Attorney
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037860

Amount of Each Receipt this Period
33.23

C. JASON J HEIGER
Full Name (Last, First, Middle Initial)

Mailing Address 990 INDIAN SPRING LANE

City BUFFALO GROVE	State IL	Zip Code 60089
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Audit Director
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807654

Amount of Each Receipt this Period
17.19

SUBTOTAL of Receipts This Page (optional).....▶	83.65
TOTAL This Period (last page this line 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 73 OF 188
<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

Full Name (Last, First, Middle Initial) A. JASON J HEIGER		Date of Receipt 08 / 22 / 2014 Transaction ID : A2014-2037576
Mailing Address 990 INDIAN SPRING LANE		Amount of Each Receipt this Period 17.19
City BUFFALO GROVE	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.19
Name of Employer Allstate Insurance Company	Occupation Audit Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.16	

Full Name (Last, First, Middle Initial) B. EYVONNA HEMPHILL		Date of Receipt 08 / 08 / 2014 Transaction ID : A2014-1807754
Mailing Address 337 46TH AVE		Amount of Each Receipt this Period 17.53
City BELLWOOD	State IL	Zip Code 60104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.53
Name of Employer Allstate Insurance Company	Occupation AB2B ABI-Qual & Compl-Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.59	

Full Name (Last, First, Middle Initial) C. EYVONNA HEMPHILL		Date of Receipt 08 / 22 / 2014 Transaction ID : A2014-2037676
Mailing Address 337 46TH AVE		Amount of Each Receipt this Period 17.53
City BELLWOOD	State IL	Zip Code 60104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.53
Name of Employer Allstate Insurance Company	Occupation AB2B ABI-Qual & Compl-Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.12	

SUBTOTAL of Receipts This Page (optional).....▶	52.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 188
	<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. Barbara A Higgins
Full Name (Last, First, Middle Initial)
Mailing Address 2107 N Lakewood Ave

City Chicago	State IL	Zip Code 60614
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-APL-Customer Retentio
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **601.41**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807935

Amount of Each Receipt this Period

37.85

B. Barbara A Higgins
Full Name (Last, First, Middle Initial)
Mailing Address 2107 N Lakewood Ave

City Chicago	State IL	Zip Code 60614
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-APL-Customer Retentio
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **639.26**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037856

Amount of Each Receipt this Period

37.85

C. EDDIE H HILL
Full Name (Last, First, Middle Initial)
Mailing Address 8390 Burnt Chimney Road

City Wirtz	State VA	Zip Code 24184
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Leader-Sr Manager
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **271.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807703

Amount of Each Receipt this Period

17.03

SUBTOTAL of Receipts This Page (optional).....▶	92.73
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 75 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. EDDIE H HILL

Mailing Address 8390 Burnt Chimney Road

City	State	Zip Code
Wirtz	VA	24184

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

Name of Employer	Occupation
Allstate Insurance Company	ATO-Leader-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.79**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037625

Amount of Each Receipt this Period

17.03

Full Name (Last, First, Middle Initial)
B. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City	State	Zip Code
LINDENHURST	IL	60046

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

Name of Employer	Occupation
Allstate Insurance Company	EVP-PRD-Regional Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2183.65**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807708

Amount of Each Receipt this Period

137.69

Full Name (Last, First, Middle Initial)
C. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City	State	Zip Code
LINDENHURST	IL	60046

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

Name of Employer	Occupation
Allstate Insurance Company	EVP-PRD-Regional Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2321.34**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037630

Amount of Each Receipt this Period

137.69

SUBTOTAL of Receipts This Page (optional).....▶	292.41
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 76 OF 188
<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. SHERYL L HODGES
Full Name (Last, First, Middle Initial)

Mailing Address 2510 OAK AVENUE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807783

Amount of Each Receipt this Period
 15.51

B. SHERYL L HODGES
Full Name (Last, First, Middle Initial)

Mailing Address 2510 OAK AVENUE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037705

Amount of Each Receipt this Period
 15.51

C. MARY L HUBER
Full Name (Last, First, Middle Initial)

Mailing Address 1532 NORTH BELMONT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation HR-Communications-Directo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807856

Amount of Each Receipt this Period
 20.90

SUBTOTAL of Receipts This Page (optional).....▶	51.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 77 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
 ARLINGTON HTS. IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company HR-Communications-Directo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 354.35

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037777

Amount of Each Receipt this Period
 20.90

Full Name (Last, First, Middle Initial)
B. MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
 JACKSONVILLE FL 32259

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

Name of Employer Occupation
 Allstate Insurance Company Field Administration Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 359.96

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807699

Amount of Each Receipt this Period
 22.79

Full Name (Last, First, Middle Initial)
C. MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
 JACKSONVILLE FL 32259

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

Name of Employer Occupation
 Allstate Insurance Company Field Administration Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 382.75

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037621

Amount of Each Receipt this Period
 22.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.48

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

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

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

FOR LINE NUMBER: PAGE 78 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Allstate Insurance Company VP-LGL-Corporate Law

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 802.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807780

Amount of Each Receipt this Period
 57.51

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Allstate Insurance Company VP-LGL-Corporate Law

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 859.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037702

Amount of Each Receipt this Period
 57.51

Full Name (Last, First, Middle Initial)
C. MARIANO A IMBARRATO

Mailing Address 10825 CHUCER DRIVE

City State Zip Code
 WILLOW SPRINGS IL 60480

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

Name of Employer Occupation
 Allstate Insurance Company VP-AF-Capital Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 786.14

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807768

Amount of Each Receipt this Period
 49.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 164.82

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 79 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MARIANO A IMBARRATO
 Mailing Address 10825 CHUCER DRIVE
 City State Zip Code
 WILLOW SPRINGS IL 60480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-AF-Capital Planning &
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 835.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037690
 Amount of Each Receipt this Period
 49.80

Full Name (Last, First, Middle Initial)
B. LYNNE A IVERSON
 Mailing Address 890 BLAZING STAR TRAIL
 City State Zip Code
 CARY IL 60013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Product Operations Senior
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 515.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807759
 Amount of Each Receipt this Period
 32.30

Full Name (Last, First, Middle Initial)
C. LYNNE A IVERSON
 Mailing Address 890 BLAZING STAR TRAIL
 City State Zip Code
 CARY IL 60013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Product Operations Senior
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 547.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037681
 Amount of Each Receipt this Period
 32.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.40
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 80 OF 188
(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. BOB A JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 Maison Court
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Regional Sales Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **378.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807886
 Amount of Each Receipt this Period
23.85

B. BOB A JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 Maison Court
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Regional Sales Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **402.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037807
 Amount of Each Receipt this Period
23.85

C. CRAIG A JAMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 HEATHER AVE
 City GRAYSLAKE State IL Zip Code 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Six Sigma-Expert
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **227.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807830
 Amount of Each Receipt this Period
14.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **62.04**
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 81 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. CRAIG A JAMES
 Mailing Address 235 HEATHER AVE
 City State Zip Code
 GRAYSLAKE IL 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Six Sigma-Expert
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 241.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037752
 Amount of Each Receipt this Period
 14.34

Full Name (Last, First, Middle Initial)
B. JAMES C JAMIESON
 Mailing Address 24160 North Beach Dr
 City State Zip Code
 Cary IL 60013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ARE-Real Estate & Constru
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807744
 Amount of Each Receipt this Period
 40.94

Full Name (Last, First, Middle Initial)
C. JAMES C JAMIESON
 Mailing Address 24160 North Beach Dr
 City State Zip Code
 Cary IL 60013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ARE-Real Estate & Constru
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 691.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037666
 Amount of Each Receipt this Period
 40.94

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.22
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: (check only one)	PAGE 82 OF 188
	<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	<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. Jerry A Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 5233 Tree Way Lane South

City Jacksonville	State FL	Zip Code 32258
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AWD-Manager-Manager
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807931

Amount of Each Receipt this Period
17.74

B. Jerry A Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 5233 Tree Way Lane South

City Jacksonville	State FL	Zip Code 32258
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AWD-Manager-Manager
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037852

Amount of Each Receipt this Period
17.74

C. JAMES W JONSKE
Full Name (Last, First, Middle Initial)
Mailing Address 1217 BARCLAY CIRCLE

City BARRINGTON	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-PRD-Standard Auto
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807843

Amount of Each Receipt this Period
18.44

SUBTOTAL of Receipts This Page (optional).....▶	53.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. JAMES W JONSKE

Mailing Address 1217 BARCLAY CIRCLE

City State Zip Code
 BARRINGTON IL 60010

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

Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Standard Auto

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037765

Amount of Each Receipt this Period
 18.44

Full Name (Last, First, Middle Initial)
B. JOHN A KANE

Mailing Address 2180 Trailblazer Way

City State Zip Code
 Castle Rock CO 80109

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

Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 399.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807666

Amount of Each Receipt this Period
 25.23

Full Name (Last, First, Middle Initial)
C. JOHN A KANE

Mailing Address 2180 Trailblazer Way

City State Zip Code
 Castle Rock CO 80109

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

Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 424.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037588

Amount of Each Receipt this Period
 25.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.90

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

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

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

FOR LINE NUMBER: PAGE 84 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Information Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 291.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807850

Amount of Each Receipt this Period
 18.30

Full Name (Last, First, Middle Initial)
B. TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Information Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 309.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037771

Amount of Each Receipt this Period
 18.30

Full Name (Last, First, Middle Initial)
C. Wilford J Kavanaugh

Mailing Address 7 Open Parkway North

City State Zip Code
 Hawthorn Woods IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 919.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807928

Amount of Each Receipt this Period
 58.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.68

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 85 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Wilford J Kavanaugh
 Mailing Address 7 Open Parkway North
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
977.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : A2014-2037849
 Amount of Each Receipt this Period
58.08

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER R KIAH
 Mailing Address 221 BRAMPTON LN
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ST-Protection Program
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
916.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014
Transaction ID : A2014-1807652
 Amount of Each Receipt this Period
57.59

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER R KIAH
 Mailing Address 221 BRAMPTON LN
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ST-Protection Program
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
973.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : A2014-2037574
 Amount of Each Receipt this Period
57.59

SUBTOTAL of Receipts This Page (optional)..... ▶ **173.26**
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 86 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
 BARTLETT IL 60103

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 713.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807745

Amount of Each Receipt this Period
 44.98

Full Name (Last, First, Middle Initial)
B. CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
 BARTLETT IL 60103

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 758.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037667

Amount of Each Receipt this Period
 44.98

Full Name (Last, First, Middle Initial)
C. BARBARA L KILROY

Mailing Address 25396 W Columbia Bay Drive

City State Zip Code
 Lake Villa IL 60046

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

Name of Employer Occupation
 Allstate Insurance Company PF-Fin Analysis-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 342.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807701

Amount of Each Receipt this Period
 21.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.58

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: (check only one)	PAGE 87 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. BARBARA L KILROY
 Full Name (Last, First, Middle Initial)
 Mailing Address 25396 W Columbia Bay Drive
 City Lake Villa State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PF-Fin Analysis-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.26

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037623
 Amount of Each Receipt this Period
 21.62

B. ANNE I KIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1580 SHERMAN AVE # 201
 City EVANSTON State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 348.97

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807826
 Amount of Each Receipt this Period
 22.05

C. ANNE I KIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1580 SHERMAN AVE # 201
 City EVANSTON State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 371.02

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037748
 Amount of Each Receipt this Period
 22.05

SUBTOTAL of Receipts This Page (optional).....▶	65.72
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: (check only one)	PAGE 88 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. Stephen B King

Mailing Address 1620 Monterey

City Glenview	State IL	Zip Code 60026
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-HR-Leadership & Talent
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **492.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807917

Amount of Each Receipt this Period

30.92

Full Name (Last, First, Middle Initial)
B. Stephen B King

Mailing Address 1620 Monterey

City Glenview	State IL	Zip Code 60026
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-HR-Leadership & Talent
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **523.07**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037838

Amount of Each Receipt this Period

30.92

Full Name (Last, First, Middle Initial)
C. Brian D Klemstein

Mailing Address 608 Haddon Circle

City Vernon Hills	State IL	Zip Code 60061
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Unclassified Sr Manager
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807914

Amount of Each Receipt this Period

16.13

SUBTOTAL of Receipts This Page (optional).....▶	77.97
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 89 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Brian D Klemstein

Mailing Address 608 Haddon Circle

City State Zip Code
 Vernon Hills IL 60061

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

Name of Employer Occupation
 Allstate Insurance Company Unclassified Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 272.10

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037835

Amount of Each Receipt this Period
 16.13

Full Name (Last, First, Middle Initial)
B. STEVEN T KLODZINSKI

Mailing Address 18699 W. State Line Road

City State Zip Code
 Antioch IL 60002

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

Name of Employer Occupation
 Allstate Insurance Company PF-Fin Analysis-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.59

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807793

Amount of Each Receipt this Period
 13.88

Full Name (Last, First, Middle Initial)
C. STEVEN T KLODZINSKI

Mailing Address 18699 W. State Line Road

City State Zip Code
 Antioch IL 60002

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

Name of Employer Occupation
 Allstate Insurance Company PF-Fin Analysis-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.47

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037715

Amount of Each Receipt this Period
 13.88

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.89

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: (check only one)	PAGE 90 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. TIMOTHY L KNAPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 FARMSTEAD CIRCLE
 City LEBANON State PA Zip Code 17042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.70

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807693
 Amount of Each Receipt this Period
 22.92

B. TIMOTHY L KNAPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 FARMSTEAD CIRCLE
 City LEBANON State PA Zip Code 17042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.62

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037615
 Amount of Each Receipt this Period
 22.92

C. JEFFREY D KNIPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2050 GLENDALE AVE
 City NORTHBROOK State IL Zip Code 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 ▼ 611.12

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807880
 Amount of Each Receipt this Period
 38.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.35
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 91 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. JEFFREY D KNIPP
 Mailing Address 2050 GLENDALE AVE
 City NORTHBROOK State IL Zip Code 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 ▼ 649.63

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037801
 Amount of Each Receipt this Period 38.51

Full Name (Last, First, Middle Initial)
B. JAIKRISHNA KUCHIMANCHI
 Mailing Address 4513 Jenna Rd
 City Glenview State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AFT-Manager-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 581.74

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807818
 Amount of Each Receipt this Period 36.71

Full Name (Last, First, Middle Initial)
C. JAIKRISHNA KUCHIMANCHI
 Mailing Address 4513 Jenna Rd
 City Glenview State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AFT-Manager-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.45

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037740
 Amount of Each Receipt this Period 36.71

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.93
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 92 OF 188
(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. J. Wayne W KULLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Henley St.
 City State Zip Code
 GLENVIEW IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-ST-Agency Sales Cross
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807716
 Amount of Each Receipt this Period
 24.60

B. J. Wayne W KULLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Henley St.
 City State Zip Code
 GLENVIEW IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-ST-Agency Sales Cross
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037638
 Amount of Each Receipt this Period
 24.60

C. JEFFREY F LEASENDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 RIDGECREST RD NE
 City State Zip Code
 ATLANTA GA 30307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Lead Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807685
 Amount of Each Receipt this Period
 16.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.60
TOTAL This Period (last page this line 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 93 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JEFFREY F LEASENDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 RIDGECREST RD NE
 City ATLANTA State GA Zip Code 30307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Lead Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037607
 Amount of Each Receipt this Period
 16.40

B. SUSAN L LEES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 DARTMOUTH LN
 City DEERFIELD State IL Zip Code 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation EVP-LGL-Gen'l Counsel & C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1719.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807651
 Amount of Each Receipt this Period
 109.62

C. SUSAN L LEES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 DARTMOUTH LN
 City DEERFIELD State IL Zip Code 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation EVP-LGL-Gen'l Counsel & C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1829.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037573
 Amount of Each Receipt this Period
 109.62

SUBTOTAL of Receipts This Page (optional).....▶	235.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. GARY L LEVINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16340 W. Arlington Drive
 City Libertyville State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807866
 Amount of Each Receipt this Period
 20.09

B. GARY L LEVINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16340 W. Arlington Drive
 City Libertyville State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 338.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037787
 Amount of Each Receipt this Period
 20.09

C. CHARLES M LITTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 STONEGATE POINT
 City HOT SPRINGS State AR Zip Code 71913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation FSL - Growth
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807865
 Amount of Each Receipt this Period
 13.89

SUBTOTAL of Receipts This Page (optional).....▶	54.07
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 95 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. CHARLES M LITTLE

Mailing Address 20 STONEGATE POINT

City State Zip Code
 HOT SPRINGS AR 71913

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

Name of Employer Occupation
 Allstate Insurance Company FSL - Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 236.13

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037786

Amount of Each Receipt this Period
 13.89

Full Name (Last, First, Middle Initial)
B. Peter G Logothetis

Mailing Address 2326 Indian Ridge Drive

City State Zip Code
 Glenview IL 60026

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

Name of Employer Occupation
 Allstate Insurance Company VP-ATO-Bus Prtn-Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1003.06

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807929

Amount of Each Receipt this Period
 63.04

Full Name (Last, First, Middle Initial)
c. Peter G Logothetis

Mailing Address 2326 Indian Ridge Drive

City State Zip Code
 Glenview IL 60026

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

Name of Employer Occupation
 Allstate Insurance Company VP-ATO-Bus Prtn-Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1066.10

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037850

Amount of Each Receipt this Period
 63.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 139.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RHONDA J LOWE
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Catoclin Court Unit 3A

City Frederick	State MD	Zip Code 21702
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership R
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807831

Amount of Each Receipt this Period

68.71	15.67
-------	-------

B. RHONDA J LOWE
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Catoclin Court Unit 3A

City Frederick	State MD	Zip Code 21702
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership R
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **263.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037753

Amount of Each Receipt this Period

68.71	15.67
-------	-------

C. GREGORY J LUCETT
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 9242

City GLENDALE	State CA	Zip Code 91226
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Managing Attorney
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.67**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807900

Amount of Each Receipt this Period

68.71	37.37
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SUBTOTAL of Receipts This Page (optional).....▶	68.71
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 97 OF 188
(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. GREGORY J LUCETT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 9242
 City State Zip Code
 GLENDALE CA 91226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Managing Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 628.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037821
 Amount of Each Receipt this Period
 37.37

B. COREY C LUECHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 843 Spring Cove Dr
 City State Zip Code
 SCHAUMBURG IL 60193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SPS-Strategic Alliance-Di
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 364.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807792
 Amount of Each Receipt this Period
 22.93

C. COREY C LUECHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 843 Spring Cove Dr
 City State Zip Code
 SCHAUMBURG IL 60193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SPS-Strategic Alliance-Di
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 387.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037714
 Amount of Each Receipt this Period
 22.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.23
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: (check only one)	PAGE 98 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. BENJAMIN E LUMICAO
Full Name (Last, First, Middle Initial)
Mailing Address 9655 Woods Drive Unit 708

City Skokie	State IL	Zip Code 60077
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Senior Attorney
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
667.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807808

Amount of Each Receipt this Period
35.69

B. BENJAMIN E LUMICAO
Full Name (Last, First, Middle Initial)
Mailing Address 9655 Woods Drive Unit 708

City Skokie	State IL	Zip Code 60077
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Senior Attorney
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
602.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037730

Amount of Each Receipt this Period
35.69

C. Katherine A Mabe
Full Name (Last, First, Middle Initial)
Mailing Address 2750 Commons Drive

City Glenview	State IL	Zip Code 60026
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation EVP-B2B-President Busine
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1790.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807927

Amount of Each Receipt this Period
111.92

SUBTOTAL of Receipts This Page (optional).....▶	183.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 99 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Katherine A Mabe

Mailing Address 2750 Commons Drive

City State Zip Code
 Glenview IL 60026

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

Name of Employer Occupation
 Allstate Insurance Company EVP-B2B-President Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1902.64

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037848

Amount of Each Receipt this Period
 111.92

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Allstate Insurance Company FSL - Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 364.38

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807855

Amount of Each Receipt this Period
 22.90

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Allstate Insurance Company FSL - Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 387.28

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037776

Amount of Each Receipt this Period
 22.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.72

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: (check only one)	PAGE 100 OF 188
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2311 HAVERTON DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company VP-FSS-Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **387.95**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807753

Amount of Each Receipt this Period
24.48

B. KENNETH P MARCOTTE
Full Name (Last, First, Middle Initial)

Mailing Address 2311 HAVERTON DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company VP-FSS-Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **412.43**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037675

Amount of Each Receipt this Period
24.48

C. Rhonda J Masser
Full Name (Last, First, Middle Initial)

Mailing Address 4807 Wildwood Dr

City State Zip Code
McHenry IL 60051

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

Name of Employer Occupation
Allstate Insurance Company HR-Client Partnership-Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **329.24**

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807734

Amount of Each Receipt this Period
20.69

SUBTOTAL of Receipts This Page (optional)..... **69.65**

TOTAL This Period (last page this line number 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 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Rhonda J Masser

Mailing Address 4807 Wildwood Dr

City State Zip Code
 McHenry IL 60051

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

Name of Employer Occupation
 Allstate Insurance Company HR-Client Partnership-Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 349.93

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037656

Amount of Each Receipt this Period
 20.69

Full Name (Last, First, Middle Initial)
B. JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
 LAKE BLUFF IL 60044

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.94

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807809

Amount of Each Receipt this Period
 22.87

Full Name (Last, First, Middle Initial)
C. JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
 LAKE BLUFF IL 60044

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 386.81

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037731

Amount of Each Receipt this Period
 22.87

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.43

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 102 OF 188
(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. JOHN A MC LAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25748 N. Stoney Kirk Ct.
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 679.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807766
 Amount of Each Receipt this Period
 42.59

B. JOHN A MC LAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25748 N. Stoney Kirk Ct.
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 722.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037688
 Amount of Each Receipt this Period
 42.59

C. LINDA H MCCLELLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5561 Hilltop Lane
 City State Zip Code
 Libertyville IL 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims-Field Leadership R
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807869
 Amount of Each Receipt this Period
 16.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.54
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: (check only one)	PAGE 103 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. LINDA H MCCLELLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5561 Hilltop Lane
 City Libertyville State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership R
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.50

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037790
 Amount of Each Receipt this Period
 16.36

B. SCOTT A MCCONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 21722 N TIMBER RIDGE CT
 City KILDEER State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation INV-IT Capital Markets-Di
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.46

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807732
 Amount of Each Receipt this Period
 20.51

C. SCOTT A MCCONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 21722 N TIMBER RIDGE CT
 City KILDEER State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation INV-IT Capital Markets-Di
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.97

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037654
 Amount of Each Receipt this Period
 20.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.38
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 104 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. LEE L McElroy

Mailing Address 7808 ROYAL SYDNEY DR

City State Zip Code
 GAINESVILLE VA 20155

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

Name of Employer Occupation
 Allstate Insurance Company Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 286.77

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807896

Amount of Each Receipt this Period
 18.05

Full Name (Last, First, Middle Initial)
B. LEE L McElroy

Mailing Address 7808 ROYAL SYDNEY DR

City State Zip Code
 GAINESVILLE VA 20155

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

Name of Employer Occupation
 Allstate Insurance Company Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 304.82

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037817

Amount of Each Receipt this Period
 18.05

Full Name (Last, First, Middle Initial)
C. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company SVP-CLM-Centralized Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 518.17

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807891

Amount of Each Receipt this Period
 32.65

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.75

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

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

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

FOR LINE NUMBER: PAGE 105 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company SVP-CLM-Centralized Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037812

Amount of Each Receipt this Period
 32.65

Full Name (Last, First, Middle Initial)
B. EVA M MCINTEE

Mailing Address 11 Larkspur Drive

City State Zip Code
 Smithtown NY 11787

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

Name of Employer Occupation
 Allstate Insurance Company Claims-Field Leadership-D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 737.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807889

Amount of Each Receipt this Period
 46.35

Full Name (Last, First, Middle Initial)
C. EVA M MCINTEE

Mailing Address 11 Larkspur Drive

City State Zip Code
 Smithtown NY 11787

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

Name of Employer Occupation
 Allstate Insurance Company Claims-Field Leadership-D

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 783.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037810

Amount of Each Receipt this Period
 46.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.35

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: (check only one)	PAGE 106 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JEFFREY J MCRAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Arcadia Lane
 City LAKE ZURICH State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Strategy & Planni
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.39

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807723
 Amount of Each Receipt this Period
 29.05

B. JEFFREY J MCRAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Arcadia Lane
 City LAKE ZURICH State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Strategy & Planni
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 489.44

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037645
 Amount of Each Receipt this Period
 29.05

C. Jesse E Merten
 Full Name (Last, First, Middle Initial)
 Mailing Address 3311 Brook Rd.
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1101.54

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807930
 Amount of Each Receipt this Period
 69.78

SUBTOTAL of Receipts This Page (optional).....▶	127.88
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 107 OF 188
(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. Jesse E Merten
 Full Name (Last, First, Middle Initial)
 Mailing Address 3311 Brook Rd.
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1171.32

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037851
 Amount of Each Receipt this Period 69.78

B. HANS H METZINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 E. CLAIRE LANE
 City PROSPECT HTS State IL Zip Code 60070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sales Support Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.80

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807786
 Amount of Each Receipt this Period 19.16

C. HANS H METZINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 E. CLAIRE LANE
 City PROSPECT HTS State IL Zip Code 60070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sales Support Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.96

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037708
 Amount of Each Receipt this Period 19.16

SUBTOTAL of Receipts This Page (optional)..... ► 108.10
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. JOHN W MICHELI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2245 Hazeltime Drive
 City State Zip Code
 Vernon Hills IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-FSS-Cost Structure Ma
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 257.57

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807669
 Amount of Each Receipt this Period
 21.49

B. JOHN W MICHELI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2245 Hazeltime Drive
 City State Zip Code
 Vernon Hills IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-FSS-Cost Structure Ma
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 279.06

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037591
 Amount of Each Receipt this Period
 21.49

C. FREDERICK J MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16343 Smith Mountain Lake Parkway
 City State Zip Code
 Huddleston VA 24104
 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 ▼
 516.83

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807731
 Amount of Each Receipt this Period
 34.77

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.75
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 188
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. FREDERICK J MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16343 Smith Mountain Lake Parkway
 City State Zip Code
 Huddleston VA 24104
 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 ▼
 551.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037653
 Amount of Each Receipt this Period
 34.77

B. STEVEN M MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 N. Harrison St
 City State Zip Code
 ALGONQUIN IL 60102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-AF-Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 401.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807834
 Amount of Each Receipt this Period
 25.40

C. STEVEN M MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 N. Harrison St
 City State Zip Code
 ALGONQUIN IL 60102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-AF-Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 427.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037756
 Amount of Each Receipt this Period
 25.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.57
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 110 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. AMY B MILLS

Mailing Address 942 Forest Avenue

City State Zip Code
 Deerfiled IL 60015

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

Name of Employer Occupation
 Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 351.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807906

Amount of Each Receipt this Period
 22.21

Full Name (Last, First, Middle Initial)
B. AMY B MILLS

Mailing Address 942 Forest Avenue

City State Zip Code
 Deerfiled IL 60015

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

Name of Employer Occupation
 Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 374.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037827

Amount of Each Receipt this Period
 22.21

Full Name (Last, First, Middle Initial)
C. ALLISON MISQUEZ

Mailing Address 578 Patriot Court

City State Zip Code
 Gurnee IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 237.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807895

Amount of Each Receipt this Period
 14.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.33

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

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

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FOR LINE NUMBER: PAGE 111 OF 188
(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. ALLISON MISQUEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 578 Patriot Court
 City Gurnee State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.17

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037816
 Amount of Each Receipt this Period 14.91

B. JAMES R MOSELEY III III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 Montclair Blvd
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation HR-Client Partner Field B
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 271.95

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807713
 Amount of Each Receipt this Period 17.16

C. JAMES R MOSELEY III III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 Montclair Blvd
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation HR-Client Partner Field B
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.11

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037635
 Amount of Each Receipt this Period 17.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.23
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 112 OF 188
(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. MEGHAN O MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation State Filings Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 641.89

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807704
 Amount of Each Receipt this Period
 40.45

B. MEGHAN O MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation State Filings Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 682.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037626
 Amount of Each Receipt this Period
 40.45

C. MICHAEL F MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 712.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807750
 Amount of Each Receipt this Period
 44.87

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.77
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 113 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037672

Amount of Each Receipt this Period
44.87

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

Mailing Address 1908 N. 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 Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
679.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807872

Amount of Each Receipt this Period
42.62

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

Mailing Address 1908 N. 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 Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
721.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037793

Amount of Each Receipt this Period
42.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.11

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DON J MYKETIAK
Full Name (Last, First, Middle Initial)

Mailing Address 28W770 HAWTHORNE LANE

City WEST CHICAGO State IL Zip Code 60185

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

Name of Employer Allstate Insurance Company Occupation Sr. Manager Accounting/Fi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.09

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807785

Amount of Each Receipt this Period 15.60

B. DON J MYKETIAK
Full Name (Last, First, Middle Initial)

Mailing Address 28W770 HAWTHORNE LANE

City WEST CHICAGO State IL Zip Code 60185

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

Name of Employer Allstate Insurance Company Occupation Sr. Manager Accounting/Fi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.69

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037707

Amount of Each Receipt this Period 15.60

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

Mailing Address 2950 LAKE PLACID

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation SVP-LGL-Protection Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1061.63

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807825

Amount of Each Receipt this Period 66.72

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DAVID G NADIG
Full Name (Last, First, Middle Initial)

Mailing Address 2950 LAKE PLACID

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation SVP-LGL-Protection Law

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1128.35

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037747

Amount of Each Receipt this Period
 66.72

B. PATRICK K NOLL
Full Name (Last, First, Middle Initial)

Mailing Address 22451 THORNBURY CT

City DEER PARK State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation SVP-LGL-Enterprise Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.90

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807874

Amount of Each Receipt this Period
 64.04

C. PATRICK K NOLL
Full Name (Last, First, Middle Initial)

Mailing Address 22451 THORNBURY CT

City DEER PARK State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation SVP-LGL-Enterprise Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.94

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037795

Amount of Each Receipt this Period
 64.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.80

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 116 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. RICHARD C O'BRIEN		Date of Receipt MM / DD / YYYY 08 / 08 / 2014 Transaction ID : A2014-1807735
Mailing Address 574 S. COUNTRY RIDGE		Amount of Each Receipt this Period 22.03
City LAKE ZURICH	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.95	

Full Name (Last, First, Middle Initial) B. RICHARD C O'BRIEN		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 Transaction ID : A2014-2037657
Mailing Address 574 S. COUNTRY RIDGE		Amount of Each Receipt this Period 22.03
City LAKE ZURICH	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.98	

Full Name (Last, First, Middle Initial) C. JOHN O'MALLEY		Date of Receipt MM / DD / YYYY 08 / 08 / 2014 Transaction ID : A2014-1807802
Mailing Address 1816 ASPEN LANE		Amount of Each Receipt this Period 17.42
City MOUNT PROSPECT	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation HR-Retirement-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.19	

SUBTOTAL of Receipts This Page (optional).....	61.48
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 117 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code
 MOUNT PROSPECT IL 60056

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

Name of Employer Occupation
 Allstate Insurance Company HR-Retirement-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.61

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037724

Amount of Each Receipt this Period
 17.42

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Allstate Insurance Company FSL - Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 442.97

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807678

Amount of Each Receipt this Period
 27.77

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Allstate Insurance Company FSL - Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 470.74

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037600

Amount of Each Receipt this Period
 27.77

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.96

TOTAL This Period (last page this line number 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 OF 188
(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. MICHAEL C OCONNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1231 Isabella Street
 City Evanston State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807752
 Amount of Each Receipt this Period
 15.91

B. MICHAEL C OCONNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1231 Isabella Street
 City Evanston State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037674
 Amount of Each Receipt this Period
 15.91

C. KENNETH I OMURA
 Full Name (Last, First, Middle Initial)
 Mailing Address 361 KELBURN RD. #315
 City DEERFIELD State IL Zip Code 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 662.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807727
 Amount of Each Receipt this Period
 41.53

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.35
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: (check only one)	PAGE 119 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 361 KELBURN RD. #315

City DEERFIELD	State IL	Zip Code 60015
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **703.94**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037649

Amount of Each Receipt this Period
41.53

Full Name (Last, First, Middle Initial)
B. PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City Hawthorn Woods	State IL	Zip Code 60047
------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-CLM-Claims Product Lin
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **808.69**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807722

Amount of Each Receipt this Period
51.03

Full Name (Last, First, Middle Initial)
C. PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City Hawthorn Woods	State IL	Zip Code 60047
------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-CLM-Claims Product Lin
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **859.72**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037644

Amount of Each Receipt this Period
51.03

SUBTOTAL of Receipts This Page (optional).....▶	143.59
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 120 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City State Zip Code
 GLENVIEW IL 60025

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

Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Homeowners

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 732.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807820

Amount of Each Receipt this Period
 46.28

Full Name (Last, First, Middle Initial)
B. LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City State Zip Code
 GLENVIEW IL 60025

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

Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Homeowners

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 778.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037742

Amount of Each Receipt this Period
 46.28

Full Name (Last, First, Middle Initial)
c. Opal G Perry

Mailing Address 1406 Rosalie St.

City State Zip Code
 Evanston IL 60201

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

Name of Employer Occupation
 Allstate Insurance Company VP-ATO-Testing & Release

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807936

Amount of Each Receipt this Period
 47.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 139.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 188
	<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

Full Name (Last, First, Middle Initial) A. Opal G Perry		Date of Receipt 08 / 22 / 2014 Transaction ID : A2014-2037857
Mailing Address 1406 Rosalie St.		Amount of Each Receipt this Period 47.42
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-ATO-Testing & Release	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 797.95	

Full Name (Last, First, Middle Initial) B. THOMAS S PETERSON		Date of Receipt 08 / 08 / 2014 Transaction ID : A2014-1807909
Mailing Address 2756 BRECKENRIDGE LANE		Amount of Each Receipt this Period 35.64
City NAPERVILLE	State IL	Zip Code 60565
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.56	

Full Name (Last, First, Middle Initial) C. THOMAS S PETERSON		Date of Receipt 08 / 22 / 2014 Transaction ID : A2014-2037830
Mailing Address 2756 BRECKENRIDGE LANE		Amount of Each Receipt this Period 35.64
City NAPERVILLE	State IL	Zip Code 60565
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 601.20	

SUBTOTAL of Receipts This Page (optional).....▶	118.70
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 122 OF 188
(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. STEVEN A PETTI
 Full Name (Last, First, Middle Initial)
 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 VP-PF-Property & Casualty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 614.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807672
 Amount of Each Receipt this Period
 55.82

B. STEVEN A PETTI
 Full Name (Last, First, Middle Initial)
 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 VP-PF-Property & Casualty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 669.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037594
 Amount of Each Receipt this Period
 55.82

C. JOHN C PINTOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 W Cortland ST
 City State Zip Code
 CHICAGO IL 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-INV-Chief Financial O
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 663.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807740
 Amount of Each Receipt this Period
 41.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.48
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JOHN C PINTOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 W Cortland ST
 City CHICAGO State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-INV-Chief Financial O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **705.79**

Date of Receipt **08 / 22 / 2014**
Transaction ID : A2014-2037662
 Amount of Each Receipt this Period **41.84**

B. DAVID J PRENDERGAST
 Full Name (Last, First, Middle Initial)
 Mailing Address 8262 Arrowleaf Turn
 City Gainesville State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Regional Presiden
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1324.06**

Date of Receipt **08 / 08 / 2014**
Transaction ID : A2014-1807667
 Amount of Each Receipt this Period **83.08**

C. DAVID J PRENDERGAST
 Full Name (Last, First, Middle Initial)
 Mailing Address 8262 Arrowleaf Turn
 City Gainesville State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Regional Presiden
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1407.14**

Date of Receipt **08 / 22 / 2014**
Transaction ID : A2014-2037589
 Amount of Each Receipt this Period **83.08**

SUBTOTAL of Receipts This Page (optional)..... **208.00**
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: (check only one)	PAGE 124 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. THOMAS G PURTELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 22663 CHESHIRE COURT
 City DEER PARK State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807822
 Amount of Each Receipt this Period
 27.31

B. THOMAS G PURTELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 22663 CHESHIRE COURT
 City DEER PARK State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037744
 Amount of Each Receipt this Period
 27.31

C. MARY J QUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 837 S. CHESTNUT AVENUE
 City ARLINGTON HEIGH State IL Zip Code 60005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Investment Law
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807847
 Amount of Each Receipt this Period
 48.00

SUBTOTAL of Receipts This Page (optional).....▶	102.62
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 125 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 VP-LGL-Investment Law

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
798.09

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037769

Amount of Each Receipt this Period
48.00

Full Name (Last, First, Middle Initial)
B. KEVIN P RICE

Mailing Address **618 Burdick St.**

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company ATO-Manager-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
670.83

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807769

Amount of Each Receipt this Period
42.16

Full Name (Last, First, Middle Initial)
C. KEVIN P RICE

Mailing Address **618 Burdick St.**

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company ATO-Manager-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
712.99

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037691

Amount of Each Receipt this Period
42.16

SUBTOTAL of Receipts This Page (optional)..... ▶ **132.32**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MARIO RIZZO
Full Name (Last, First, Middle Initial)
Mailing Address 5926 W. 90TH PLACE

City OAK LAWN	State IL	Zip Code 60453
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-APL-Chief Financial O
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **974.75**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807771

Amount of Each Receipt this Period

61.67

B. MARIO RIZZO
Full Name (Last, First, Middle Initial)
Mailing Address 5926 W. 90TH PLACE

City OAK LAWN	State IL	Zip Code 60453
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-APL-Chief Financial O
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1036.42**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037693

Amount of Each Receipt this Period

61.67

C. ROGER S ROBINSON
Full Name (Last, First, Middle Initial)
Mailing Address 535 6th Street North

City St. Petersburg	State FL	Zip Code 33701
------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corp Rel Regional Sr Man
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **424.32**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807717

Amount of Each Receipt this Period

26.88

SUBTOTAL of Receipts This Page (optional).....▶	150.22
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 127 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ROGER S ROBINSON

Mailing Address 535 6th Street North

City State Zip Code
 St. Petersburg FL 33701

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

Name of Employer Occupation
 Allstate Insurance Company Corp Rel Regional Sr Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 451.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037639

Amount of Each Receipt this Period
 26.88

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

Mailing Address 106 ASHLAND

City State Zip Code
 RIVER FOREST IL 60305

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 722.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807738

Amount of Each Receipt this Period
 45.31

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

Mailing Address 106 ASHLAND

City State Zip Code
 RIVER FOREST IL 60305

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 768.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037660

Amount of Each Receipt this Period
 45.31

SUBTOTAL of Receipts This Page (optional)..... ▶ **117.50**

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 128 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ANDREW R ROMERO

Mailing Address 3151 Montrose 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 Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 310.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807888

Amount of Each Receipt this Period
 19.74

Full Name (Last, First, Middle Initial)
B. ANDREW R ROMERO

Mailing Address 3151 Montrose 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 Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037809

Amount of Each Receipt this Period
 19.74

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Allstate Insurance Company ATO-Manager-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 695.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807800

Amount of Each Receipt this Period
 43.97

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.45

TOTAL This Period (last page this line 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 129 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

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 ATO-Manager-Director
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **739.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037722

Amount of Each Receipt this Period

43.97

B. DONALD L RUDD
Full Name (Last, First, Middle Initial)

Mailing Address 25 CRESTVIEW TERRACE

City BUFFALO GROVE	State IL	Zip Code 60089
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Manager
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807879

Amount of Each Receipt this Period

14.91

C. DONALD L RUDD
Full Name (Last, First, Middle Initial)

Mailing Address 25 CRESTVIEW TERRACE

City BUFFALO GROVE	State IL	Zip Code 60089
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Manager
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.79**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037800

Amount of Each Receipt this Period

14.91

SUBTOTAL of Receipts This Page (optional).....▶	73.79
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 188
	<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. CASSANDRA C RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 37194 N Dillon Ct
 City Lake Villa State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims-Territory Admin-Sr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.16

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807862
 Amount of Each Receipt this Period
 17.19

B. CASSANDRA C RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 37194 N Dillon Ct
 City Lake Villa State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims-Territory Admin-Sr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.35

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037783
 Amount of Each Receipt this Period
 17.19

C. PAUL R RYSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 898 LONGWOOD DR.
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.54

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807736
 Amount of Each Receipt this Period
 45.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.24
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 131 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 898 LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
774.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037658

Amount of Each Receipt this Period
45.86

Full Name (Last, First, Middle Initial)
B. Donald D Sands

Mailing Address 321 North Brainard Avenue

City State Zip Code
Lagrange Park IL 60526

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

Name of Employer Occupation
Allstate Insurance Company VP-ST-Protection Project

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
902.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807922

Amount of Each Receipt this Period
56.77

Full Name (Last, First, Middle Initial)
C. Donald D Sands

Mailing Address 321 North Brainard Avenue

City State Zip Code
Lagrange Park IL 60526

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

Name of Employer Occupation
Allstate Insurance Company VP-ST-Protection Project

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
958.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037843

Amount of Each Receipt this Period
56.77

SUBTOTAL of Receipts This Page (optional).....▶	159.40
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 132 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City State Zip Code
 LISLE IL 60532

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

Name of Employer Occupation
 Allstate Insurance Company ARE-Environmental Sci-Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807840

Amount of Each Receipt this Period
 15.80

Full Name (Last, First, Middle Initial)
B. PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City State Zip Code
 LISLE IL 60532

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

Name of Employer Occupation
 Allstate Insurance Company ARE-Environmental Sci-Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 266.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037762

Amount of Each Receipt this Period
 15.80

Full Name (Last, First, Middle Initial)
C. KAREN M SCHECHT

Mailing Address 754 Pinellas Bayway S

City State Zip Code
 Tierra Verde FL 33715

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

Name of Employer Occupation
 Allstate Insurance Company Claims-Field Leadership F

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 263.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807772

Amount of Each Receipt this Period
 16.61

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.21

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

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

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

FOR LINE NUMBER: PAGE 133 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. KAREN M SCHECHT

Mailing Address 754 Pinellas Bayway S

City State Zip Code
Tierra Verde FL 33715

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

Name of Employer Occupation
Allstate Insurance Company Claims-Field Leadership F

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037694

Amount of Each Receipt this Period
 16.61

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807803

Amount of Each Receipt this Period
 37.64

Full Name (Last, First, Middle Initial)
C. 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 Occupation
Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
634.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037725

Amount of Each Receipt this Period
 37.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.89

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: (check only one)	PAGE 134 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 7 COPPERFIELD DRIVE

City HAWTHORN WOODS State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation VP-HR-HR Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807691

Amount of Each Receipt this Period
 60.00

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

Mailing Address 7 COPPERFIELD DRIVE

City HAWTHORN WOODS State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation VP-HR-HR Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037613

Amount of Each Receipt this Period
 60.00

C. DALE J SCHUELLER
Full Name (Last, First, Middle Initial)

Mailing Address 25 Scarlet Oak Rd

City Flemington State NJ Zip Code 08822

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807878

Amount of Each Receipt this Period
 22.09

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.09

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 188
<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. DALE J SCHUELLER
Full Name (Last, First, Middle Initial)

Mailing Address 25 Scarlet Oak Rd

City State Zip Code
Flemington NJ 08822

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

Name of Employer Occupation
Allstate Insurance Company Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
371.12

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037799

Amount of Each Receipt this Period
22.09

B. Shayna M Schulz
Full Name (Last, First, Middle Initial)

Mailing Address 1523 Sheridan Road

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Allstate Insurance Company VP-APL-Customer Contact C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.46

Date of Receipt
08 / 08 / 2014
Transaction ID : A2014-1807923

Amount of Each Receipt this Period
16.59

C. Shayna M Schulz
Full Name (Last, First, Middle Initial)

Mailing Address 1523 Sheridan Road

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Allstate Insurance Company VP-APL-Customer Contact C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.05

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037844

Amount of Each Receipt this Period
16.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.27

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

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

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

FOR LINE NUMBER: PAGE 136 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City State Zip Code
 CHICAGO IL 60631

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

Name of Employer Occupation
 Allstate Insurance Company VP-INV-Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 892.16

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807770

Amount of Each Receipt this Period
 56.37

Full Name (Last, First, Middle Initial)
B. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City State Zip Code
 CHICAGO IL 60631

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

Name of Employer Occupation
 Allstate Insurance Company VP-INV-Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 948.53

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037692

Amount of Each Receipt this Period
 56.37

Full Name (Last, First, Middle Initial)
C. DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City State Zip Code
 Phoenixville PA 19460

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

Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 869.83

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807854

Amount of Each Receipt this Period
 54.82

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.56

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: (check only one)	PAGE 137 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DAVID J SCHWARTZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Waverly Circle
 City Phoenixville State PA Zip Code 19460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037775
 Amount of Each Receipt this Period
 54.82

B. ALBERT SCHWARZHAUPT
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Doral Drive
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807676
 Amount of Each Receipt this Period
 18.15

C. ALBERT SCHWARZHAUPT
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Doral Drive
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037598
 Amount of Each Receipt this Period
 18.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.12
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 138 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code
 Chicago IL 60611

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

Name of Employer Occupation
 Allstate Insurance Company SVP-CR-Strategic & Consum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 878.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807796

Amount of Each Receipt this Period
 55.73

Full Name (Last, First, Middle Initial)
B. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code
 Chicago IL 60611

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

Name of Employer Occupation
 Allstate Insurance Company SVP-CR-Strategic & Consum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 933.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037718

Amount of Each Receipt this Period
 55.73

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Allstate Insurance Company EVP-FSS-Chief Financial O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2294.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807776

Amount of Each Receipt this Period
 145.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 256.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 188
	<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

Full Name (Last, First, Middle Initial) A. STEVEN E SHEBIK		Date of Receipt
Mailing Address 517 ROBINWOOD LANE		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City State Zip Code WHEATON IL 60189		Transaction ID : A2014-2037698
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="145.38"/>
Name of Employer Allstate Insurance Company	Occupation EVP-FSS-Chief Financial O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2440.32"/>	

Full Name (Last, First, Middle Initial) B. STEVEN R SHEFFEY		Date of Receipt
Mailing Address 839 SUMAC		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City State Zip Code HIGHLAND PARK IL 60035		Transaction ID : A2014-1807733
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="21.95"/>
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="349.27"/>	

Full Name (Last, First, Middle Initial) C. STEVEN R SHEFFEY		Date of Receipt
Mailing Address 839 SUMAC		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City State Zip Code HIGHLAND PARK IL 60035		Transaction ID : A2014-2037655
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="21.95"/>
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="371.22"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="189.28"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 188
	<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

Full Name (Last, First, Middle Initial) A. ADAM R SHORES		Date of Receipt 08 / 08 / 2014 Transaction ID : A2014-1807905
Mailing Address 680 Brookstone Road		Amount of Each Receipt this Period 28.83
City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee.	C	
Name of Employer Allstate Insurance Company	Occupation Corp Rel Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.19	

Full Name (Last, First, Middle Initial) B. ADAM R SHORES		Date of Receipt 08 / 22 / 2014 Transaction ID : A2014-2037826
Mailing Address 680 Brookstone Road		Amount of Each Receipt this Period 28.83
City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee.	C	
Name of Employer Allstate Insurance Company	Occupation Corp Rel Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.02	

Full Name (Last, First, Middle Initial) C. DENIS C SHUNTA		Date of Receipt 08 / 08 / 2014 Transaction ID : A2014-1807837
Mailing Address 5200 RIDGEGATE WAY		Amount of Each Receipt this Period 24.19
City FAIR OAKS	State CA	Zip Code 95628
FEC ID number of contributing federal political committee.	C	
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.88	

SUBTOTAL of Receipts This Page (optional).....▶	81.85
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 141 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
 FAIR OAKS CA 95628

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

Name of Employer Occupation
 Allstate Insurance Company Field Product Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **409.07**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037759

Amount of Each Receipt this Period
24.19

Full Name (Last, First, Middle Initial)
B. JAVIER SILVA

Mailing Address 3549 N. OZANAM

City State Zip Code
 CHICAGO IL 60634

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

Name of Employer Occupation
 Allstate Insurance Company Senior Operations Divisio

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807747

Amount of Each Receipt this Period
13.45

Full Name (Last, First, Middle Initial)
C. JAVIER SILVA

Mailing Address 3549 N. OZANAM

City State Zip Code
 CHICAGO IL 60634

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

Name of Employer Occupation
 Allstate Insurance Company Senior Operations Divisio

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **226.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037669

Amount of Each Receipt this Period
13.45

SUBTOTAL of Receipts This Page (optional)..... ▶ **51.09**

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

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

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

FOR LINE NUMBER: PAGE 142 OF 188
(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. ROBERT L SIMMONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1146 39th Ave NE
 City State Zip Code
 St Petersburg FL 33703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 578.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807684
 Amount of Each Receipt this Period
 36.36

B. ROBERT L SIMMONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1146 39th Ave NE
 City State Zip Code
 St Petersburg FL 33703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 614.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037606
 Amount of Each Receipt this Period
 36.36

C. KIMBALL S SIMON
 Full Name (Last, First, Middle Initial)
 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 ATO-Manager-Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 678.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807885
 Amount of Each Receipt this Period
 42.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.39
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 143 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 ATO-Manager-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 721.66

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037806

Amount of Each Receipt this Period
 42.67

Full Name (Last, First, Middle Initial)
B. JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
 FREDERICK MD 21702

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

Name of Employer Occupation
 Allstate Insurance Company Claims-Mgmt OS Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 203.23

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807721

Amount of Each Receipt this Period
 12.89

Full Name (Last, First, Middle Initial)
C. JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
 FREDERICK MD 21702

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

Name of Employer Occupation
 Allstate Insurance Company Claims-Mgmt OS Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.12

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037643

Amount of Each Receipt this Period
 12.89

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. KIMBERLY J SLOANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 Rochelle Terrace
 City LOMBARD State IL Zip Code 60148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Risk Management Senior Di
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 497.19

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807791
 Amount of Each Receipt this Period
 31.33

B. KIMBERLY J SLOANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 Rochelle Terrace
 City LOMBARD State IL Zip Code 60148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Risk Management Senior Di
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.52

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037713
 Amount of Each Receipt this Period
 31.33

C. ANN M SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16801 Carmichael Place
 City Purcellville State VA Zip Code 20132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sales Administrative Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.46

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807655
 Amount of Each Receipt this Period
 15.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.24
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 145 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ANN M SMITH
Mailing Address 16801 Carmichael Place
City State Zip Code
Purcellville VA 20132
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Allstate Insurance Company Sales Administrative Lead
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
265.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : A2014-2037577
Amount of Each Receipt this Period
15.58

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Allstate Insurance Company Senior Attorney
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
610.19

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014
Transaction ID : A2014-1807857
Amount of Each Receipt this Period
38.59

Full Name (Last, First, Middle Initial)
C. 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 Occupation
Allstate Insurance Company Senior Attorney
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
648.78

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : A2014-2037778
Amount of Each Receipt this Period
38.59

SUBTOTAL of Receipts This Page (optional)..... ▶ **92.76**
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 146 OF 188
(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. KATHERINE A SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 KAINER AVENUE
 City BARRINGTON State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807777
 Amount of Each Receipt this Period
 19.06

B. KATHERINE A SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 KAINER AVENUE
 City BARRINGTON State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037699
 Amount of Each Receipt this Period
 19.06

C. KENNETH D SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 N HUMPHREY AVE.
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ARE-Architect & Constr-Sr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807798
 Amount of Each Receipt this Period
 17.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.32
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 147 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 619 N HUMPHREY AVE.

City State Zip Code
 OAK PARK IL 60302

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

Name of Employer Occupation
 Allstate Insurance Company ARE-Architect & Constr-Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 292.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037720

Amount of Each Receipt this Period
 17.20

Full Name (Last, First, Middle Initial)
B. RICHARD J SMITH Jr.

Mailing Address 597 TREETOP LANE

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 382.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807864

Amount of Each Receipt this Period
 24.25

Full Name (Last, First, Middle Initial)
C. RICHARD J SMITH Jr.

Mailing Address 597 TREETOP LANE

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 407.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037785

Amount of Each Receipt this Period
 24.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.70

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

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

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

FOR LINE NUMBER: PAGE 148 OF 188
(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. STEVEN P SORENSON
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Allstate Insurance Company EVP-PRD-Product Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1498.48

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807849
 Amount of Each Receipt this Period
 94.62

B. STEVEN P SORENSON
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Allstate Insurance Company EVP-PRD-Product Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1593.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037770
 Amount of Each Receipt this Period
 94.62

C. KEVIN A SPATARO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 SARATOGA LANE
 City State Zip Code
 GLENVIEW IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-FSS-Accounting Resear
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 634.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807817
 Amount of Each Receipt this Period
 40.02

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.26
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 149 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Allstate Insurance Company SVP-FSS-Accounting Resear

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 674.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037739

Amount of Each Receipt this Period
 40.02

Full Name (Last, First, Middle Initial)
B. BRIAN M SPENCE

Mailing Address 1001 N Vermont St

City State Zip Code
 Arlington VA 22201

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

Name of Employer Occupation
 Allstate Insurance Company Field PF-Fin Analysis-Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 481.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807833

Amount of Each Receipt this Period
 30.61

Full Name (Last, First, Middle Initial)
C. BRIAN M SPENCE

Mailing Address 1001 N Vermont St

City State Zip Code
 Arlington VA 22201

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

Name of Employer Occupation
 Allstate Insurance Company Field PF-Fin Analysis-Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 512.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037755

Amount of Each Receipt this Period
 30.61

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.24

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 150 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MARY SPRINGBERG
Full Name (Last, First, Middle Initial)
Mailing Address 4745 KINGS WAY - NORTH

City GURNEE	State IL	Zip Code 60031
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-ATO-Bus Prtn-Product O
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.51**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807729

Amount of Each Receipt this Period

61.69

B. MARY SPRINGBERG
Full Name (Last, First, Middle Initial)
Mailing Address 4745 KINGS WAY - NORTH

City GURNEE	State IL	Zip Code 60031
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-ATO-Bus Prtn-Product O
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **982.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037651

Amount of Each Receipt this Period

61.69

C. GARY S STERE
Full Name (Last, First, Middle Initial)
Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH	State FL	Zip Code 32233
------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **710.33**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807719

Amount of Each Receipt this Period

44.64

SUBTOTAL of Receipts This Page (optional).....	168.02
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 151 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. GARY S STERE
 Mailing Address 2015 SELVA MADERA COURT
 City ATLANTIC BEACH State FL Zip Code 32233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **754.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : A2014-2037641
 Amount of Each Receipt this Period
44.64

Full Name (Last, First, Middle Initial)
B. MYRON E STOUFFER
 Mailing Address 324 W. Cook
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-APL-Independent Chann
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **506.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014
Transaction ID : A2014-1807715
 Amount of Each Receipt this Period
32.02

Full Name (Last, First, Middle Initial)
C. MYRON E STOUFFER
 Mailing Address 324 W. Cook
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-APL-Independent Chann
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **538.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014
Transaction ID : A2014-2037637
 Amount of Each Receipt this Period
32.02

SUBTOTAL of Receipts This Page (optional)..... ► **108.68**
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 152 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DANIEL J SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 4018 BERRYWOOD DRIVE

City SEAFORD	State NY	Zip Code 11783
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation FSL - Growth
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807679

Amount of Each Receipt this Period
13.89

B. DANIEL J SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 4018 BERRYWOOD DRIVE

City SEAFORD	State NY	Zip Code 11783
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation FSL - Growth
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037601

Amount of Each Receipt this Period
13.89

C. KATHLEEN A SWAIN
Full Name (Last, First, Middle Initial)

Mailing Address 242 HIGHVIEW

City ELMHURST	State IL	Zip Code 60126
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Internal Auditing
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1024.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807742

Amount of Each Receipt this Period
64.49

SUBTOTAL of Receipts This Page (optional).....▶	92.27
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 153 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
 ELMHURST IL 60126

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

Name of Employer Occupation
 Allstate Insurance Company SVP-FSS-Internal Auditing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1089.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037664

Amount of Each Receipt this Period
 64.49

Full Name (Last, First, Middle Initial)
B. CARL J TACKETT

Mailing Address 307 WENDRON COURT

City State Zip Code
 FRANKLIN TN 37069

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

Name of Employer Occupation
 Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 327.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807749

Amount of Each Receipt this Period
 20.61

Full Name (Last, First, Middle Initial)
C. CARL J TACKETT

Mailing Address 307 WENDRON COURT

City State Zip Code
 FRANKLIN TN 37069

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

Name of Employer Occupation
 Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 348.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037671

Amount of Each Receipt this Period
 20.61

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. SEAN D THAKUR
Full Name (Last, First, Middle Initial)

Mailing Address 701 N. Chruch St #1

City Charlotte State NC Zip Code 28202

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

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807867

Amount of Each Receipt this Period
19.99

B. SEAN D THAKUR
Full Name (Last, First, Middle Initial)

Mailing Address 701 N. Chruch St #1

City Charlotte State NC Zip Code 28202

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

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.81**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037788

Amount of Each Receipt this Period
19.99

C. Joy A Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 2240 Henley Street

City Glenview State IL Zip Code 60025

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 ▼ **232.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807918

Amount of Each Receipt this Period
14.65

SUBTOTAL of Receipts This Page (optional)..... ▶ **54.63**

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 155 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Joy A Thomas

Mailing Address 2240 Henley Street

City State Zip Code
Glenview IL 60025

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 ▼
246.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037839

Amount of Each Receipt this Period
 14.65

Full Name (Last, First, Middle Initial)
B. MICHAEL A THOMAS

Mailing Address 152 Robsart Place

City State Zip Code
KENILWORTH IL 60043

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

Name of Employer Occupation
Allstate Insurance Company VP-RE-Administration & Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807908

Amount of Each Receipt this Period
 25.96

Full Name (Last, First, Middle Initial)
C. MICHAEL A THOMAS

Mailing Address 152 Robsart Place

City State Zip Code
KENILWORTH IL 60043

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

Name of Employer Occupation
Allstate Insurance Company VP-RE-Administration & Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037829

Amount of Each Receipt this Period
 25.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.57

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. GERALYN A THOMPSON
Full Name (Last, First, Middle Initial)
Mailing Address 6906 S. BENNETT

City CHICAGO	State IL	Zip Code 60649
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corp Rel Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.85	

Date of Receipt
MM / DD / YYYY
08 / 08 / 2014
Transaction ID : A2014-1807764

Amount of Each Receipt this Period
34.11

B. GERALYN A THOMPSON
Full Name (Last, First, Middle Initial)
Mailing Address 6906 S. BENNETT

City CHICAGO	State IL	Zip Code 60649
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corp Rel Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.96	

Date of Receipt
MM / DD / YYYY
08 / 22 / 2014
Transaction ID : A2014-2037686

Amount of Each Receipt this Period
34.11

C. WILLIAM J THOMPSON
Full Name (Last, First, Middle Initial)
Mailing Address 5129 Pine River Trail

City Castle Rock	State CO	Zip Code 80108
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-SAL-Field Senior Vice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 827.09	

Date of Receipt
MM / DD / YYYY
08 / 08 / 2014
Transaction ID : A2014-1807712

Amount of Each Receipt this Period
52.09

SUBTOTAL of Receipts This Page (optional).....▶	120.31
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 157 OF 188
(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. WILLIAM J THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5129 Pine River Trail
 City State Zip Code
 Castle Rock CO 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 879.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037634
 Amount of Each Receipt this Period
 52.09

B. MELINDA S TUNNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 TALL OAKS DRIVE
 City State Zip Code
 LONG GROVE IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Sales Programs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 884.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807863
 Amount of Each Receipt this Period
 55.61

C. MELINDA S TUNNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 TALL OAKS DRIVE
 City State Zip Code
 LONG GROVE IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Sales Programs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 940.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037784
 Amount of Each Receipt this Period
 55.61

SUBTOTAL of Receipts This Page (optional)..... ▶ **163.31**
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 158 OF 188
(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. RICHARD D TURANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 S CHESTER ST
 City State Zip Code
 ENGLEWOOD CO 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 355.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807671
 Amount of Each Receipt this Period
 22.46

B. RICHARD D TURANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 S CHESTER ST
 City State Zip Code
 ENGLEWOOD CO 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037593
 Amount of Each Receipt this Period
 22.46

C. SHAUNDRA L TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7660 Stony Creek Lane
 City State Zip Code
 Ellicott City MD 21043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Regional Sr Man
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 421.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807656
 Amount of Each Receipt this Period
 26.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.50
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 159 OF 188
(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. SHAUNDRA L TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7660 Stony Creek Lane
 City State Zip Code
 Ellicott City MD 21043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Regional Sr Man
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 448.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037578
 Amount of Each Receipt this Period
 26.58

B. WILLIAM A VAINISI
 Full Name (Last, First, Middle Initial)
 Mailing Address 636 BALMORAL LANE
 City State Zip Code
 INVERNESS IL 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-LGL-Government & Indu
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1034.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807773
 Amount of Each Receipt this Period
 64.93

C. WILLIAM A VAINISI
 Full Name (Last, First, Middle Initial)
 Mailing Address 636 BALMORAL LANE
 City State Zip Code
 INVERNESS IL 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-LGL-Government & Indu
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1099.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037695
 Amount of Each Receipt this Period
 64.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 156.44
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 160 OF 188
(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. LISA A VAN SCOYOC
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 PRIMROSE LANE
 City State Zip Code
 CRYSTAL LAKE IL 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sr. Manager Accounting/Fi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807781
 Amount of Each Receipt this Period
 17.61

B. LISA A VAN SCOYOC
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 PRIMROSE LANE
 City State Zip Code
 CRYSTAL LAKE IL 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sr. Manager Accounting/Fi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 297.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037703
 Amount of Each Receipt this Period
 17.61

C. PATRICIA C VANLAMMEREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Birchwood Avenue
 City State Zip Code
 Wilmette IL 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-APL-Field Business Co
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1142.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807884
 Amount of Each Receipt this Period
 71.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.01
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 161 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Allstate Insurance Company SVP-APL-Field Business Co
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1214.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037805
 Amount of Each Receipt this Period
 71.79

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 713.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807737
 Amount of Each Receipt this Period
 44.88

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 758.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037659
 Amount of Each Receipt this Period
 44.88

SUBTOTAL of Receipts This Page (optional)..... ▶ 161.55
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 188
	<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

Full Name (Last, First, Middle Initial) A. STEVEN C VERNEY		Date of Receipt
Mailing Address 37144 FOX HILL DR		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Transaction ID : A2014-1807680
WADSWORTH	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="146.15"/>
Name of Employer	Occupation	
Allstate Insurance Company	EVP-FSS-Chief Risk Office	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2312.44"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVEN C VERNEY		Date of Receipt
Mailing Address 37144 FOX HILL DR		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Transaction ID : A2014-2037602
WADSWORTH	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="146.15"/>
Name of Employer	Occupation	
Allstate Insurance Company	EVP-FSS-Chief Risk Office	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2458.59"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL F VITALE JR Jr.		Date of Receipt
Mailing Address 1824 Roy Lane		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Transaction ID : A2014-1807698
Forks Twp.	PA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="17.90"/>
Name of Employer	Occupation	
Allstate Insurance Company	Regional Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="282.57"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="310.20"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 163 OF 188
(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. MICHAEL F VITALE JR Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1824 Roy Lane
 City Forks Twp. State PA Zip Code 18040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.47

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037620
 Amount of Each Receipt this Period 17.90

B. EDWIN L WASINGER JR Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 MURIFIELD DRIVE
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation APL-Strategic Operations-
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.04

Date of Receipt 08 / 08 / 2014
Transaction ID : A2014-1807821
 Amount of Each Receipt this Period 20.84

C. EDWIN L WASINGER JR Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 MURIFIELD DRIVE
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation APL-Strategic Operations-
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.88

Date of Receipt 08 / 22 / 2014
Transaction ID : A2014-2037743
 Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.58
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 164 OF 188
(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. Robert Wasserman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1N165 Partridge Dr
 City State Zip Code
 Wheaton IL 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-eBusiness & Direc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1148.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807920
 Amount of Each Receipt this Period
 72.39

B. Robert Wasserman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1N165 Partridge Dr
 City State Zip Code
 Wheaton IL 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-eBusiness & Direc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1221.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037841
 Amount of Each Receipt this Period
 72.39

C. LEWIS C WEBB II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 El Pardo Dr
 City State Zip Code
 Trinity FL 34655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Financial Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 286.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807903
 Amount of Each Receipt this Period
 18.06

SUBTOTAL of Receipts This Page (optional)..... ▶ 162.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 188
	<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

Full Name (Last, First, Middle Initial) A. LEWIS C WEBB II			Date of Receipt
Mailing Address 1444 El Pardo Dr			<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-2037824
Trinity	FL	34655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.06"/>
Name of Employer	Occupation		
Allstate Insurance Company	Regional Financial Sales		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="304.68"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. BRET D WEHRLY			Date of Receipt
Mailing Address 2079 POWHATAN TRAIL			<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-1807883
RICHMOND	KY	40475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="13.73"/>
Name of Employer	Occupation		
Allstate Insurance Company	FSL - Growth		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="219.68"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. BRET D WEHRLY			Date of Receipt
Mailing Address 2079 POWHATAN TRAIL			<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-2037804
RICHMOND	KY	40475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="13.73"/>
Name of Employer	Occupation		
Allstate Insurance Company	FSL - Growth		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="233.41"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.52"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JEROME WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5081 OVERLOOK DR.
 City ROSWELL State GA Zip Code 30075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sales Support Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.93

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037609
 Amount of Each Receipt this Period
 12.27

B. SAMUEL W WHITEMAN
 Full Name (Last, First, Middle Initial)
 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-HO Leadership-Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807870
 Amount of Each Receipt this Period
 37.34

C. SAMUEL W WHITEMAN
 Full Name (Last, First, Middle Initial)
 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-HO Leadership-Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037791
 Amount of Each Receipt this Period
 37.34

SUBTOTAL of Receipts This Page (optional).....▶	86.95
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 167 OF 188
(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. CYNTHIA A WHITFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Keswick Grove Lane
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 405.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807683
 Amount of Each Receipt this Period
 25.56

B. CYNTHIA A WHITFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Keswick Grove Lane
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 431.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037605
 Amount of Each Receipt this Period
 25.56

C. GENE T WHOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 MOHAWK TRAIL
 City State Zip Code
 LAKE ZURICH IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims-Mgmt Adjusting CSL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807890
 Amount of Each Receipt this Period
 12.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.82
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 168 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. GENE T WHOLF
 Mailing Address 115 MOHAWK TRAIL
 City State Zip Code
 LAKE ZURICH IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims-Mgmt Adjusting CSL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037811
 Amount of Each Receipt this Period
 12.70

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Allstate Insurance Company VP-PF-Insurance Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 735.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807751
 Amount of Each Receipt this Period
 46.35

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Allstate Insurance Company VP-PF-Insurance Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 781.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037673
 Amount of Each Receipt this Period
 46.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.40
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JAMES L WILLCOX
Full Name (Last, First, Middle Initial)

Mailing Address 1562 Sienna Oak Court

City Sandy	State UT	Zip Code 84092
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership R
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.42**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807714

Amount of Each Receipt this Period

28.89

B. JAMES L WILLCOX
Full Name (Last, First, Middle Initial)

Mailing Address 1562 Sienna Oak Court

City Sandy	State UT	Zip Code 84092
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership R
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.31**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037636

Amount of Each Receipt this Period

28.89

C. JEFFREY W WILLIAMS
Full Name (Last, First, Middle Initial)

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 Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.95**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807765

Amount of Each Receipt this Period

45.75

SUBTOTAL of Receipts This Page (optional).....▶	103.53
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: (check only one)	PAGE 170 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JEFFREY W WILLIAMS
Full Name (Last, First, Middle Initial)

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 Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **773.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037687

Amount of Each Receipt this Period

5	4	3	2	1	0	.	0	0	0	0	0
							4	5	.	7	5

45.75

B. THOMAS J WILSON
Full Name (Last, First, Middle Initial)

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 ▼ **4194.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

Transaction ID : A2014-1807844

Amount of Each Receipt this Period

5	4	3	2	1	0	.	0	0	0	0	0
							2	6	.	5	3

265.38

C. THOMAS J WILSON
Full Name (Last, First, Middle Initial)

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 ▼ **4459.58**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : A2014-2037766

Amount of Each Receipt this Period

5	4	3	2	1	0	.	0	0	0	0	0
							2	6	.	5	3

265.38

SUBTOTAL of Receipts This Page (optional).....	576.51
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 171 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. KURT L WINTER

Mailing Address 1403 N. WALNUT

City State Zip Code
 ARLINGTON HGHTS IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company VP-MRK-Regional Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 356.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807904

Amount of Each Receipt this Period
 22.56

Full Name (Last, First, Middle Initial)
B. KURT L WINTER

Mailing Address 1403 N. WALNUT

City State Zip Code
 ARLINGTON HGHTS IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company VP-MRK-Regional Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 378.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037825

Amount of Each Receipt this Period
 22.56

Full Name (Last, First, Middle Initial)
C. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City State Zip Code
 West Hartford CT 06117

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

Name of Employer Occupation
 Allstate Insurance Company EVP-APL-Pres. Allstate Pe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2822.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807924

Amount of Each Receipt this Period
 177.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.81

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 188
	<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

Full Name (Last, First, Middle Initial)
A. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City West Hartford State CT Zip Code 06117

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

Name of Employer Allstate Insurance Company Occupation EVP-APL-Pres. Allstate Pe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2999.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037845

Amount of Each Receipt this Period
177.69

Full Name (Last, First, Middle Initial)
B. RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City JOHNSBURG State IL Zip Code 60051

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

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2014

Transaction ID : A2014-1807816

Amount of Each Receipt this Period
21.43

Full Name (Last, First, Middle Initial)
C. RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City JOHNSBURG State IL Zip Code 60051

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

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : A2014-2037738

Amount of Each Receipt this Period
21.43

SUBTOTAL of Receipts This Page (optional)..... ▶ **220.55**

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

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

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

FOR LINE NUMBER: PAGE 173 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.18**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807813

Amount of Each Receipt this Period
22.95

Full Name (Last, First, Middle Initial)
B. BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037735

Amount of Each Receipt this Period
22.95

Full Name (Last, First, Middle Initial)
C. ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City Ivanhoe State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation Prod Ops State Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807871

Amount of Each Receipt this Period
41.99

SUBTOTAL of Receipts This Page (optional)..... ▶ **87.99**

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 174 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
Allstate Insurance Company Prod Ops State Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.02

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037792

Amount of Each Receipt this Period
41.99

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Allstate Insurance Company Operations Department Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
281.64

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807682

Amount of Each Receipt this Period
17.65

Full Name (Last, First, Middle Initial)
C. 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 Occupation
Allstate Insurance Company Operations Department Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.29

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037604

Amount of Each Receipt this Period
17.65

SUBTOTAL of Receipts This Page (optional)..... ▶ **77.29**

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 175 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City State Zip Code
 CHICAGO IL 60660

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

Name of Employer Occupation
 Allstate Insurance Company Corp Rel Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 335.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807706

Amount of Each Receipt this Period
 21.17

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

Mailing Address 1608 W. ROSEHILL DR

City State Zip Code
 CHICAGO IL 60660

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

Name of Employer Occupation
 Allstate Insurance Company Corp Rel Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 356.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037628

Amount of Each Receipt this Period
 21.17

Full Name (Last, First, Middle Initial)
C. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
 PARK RIDGE IL 60068

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

Name of Employer Occupation
 Allstate Insurance Company SVP-APL-Chief Data Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1022.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807790

Amount of Each Receipt this Period
 64.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 106.83

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

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

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

FOR LINE NUMBER: PAGE 176 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
 PARK RIDGE IL 60068

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

Name of Employer Occupation
 Allstate Insurance Company SVP-APL-Chief Data Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1086.52

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037712

Amount of Each Receipt this Period
 64.49

Full Name (Last, First, Middle Initial)
B. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
 Scottsdale AZ 85255

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

Name of Employer Occupation
 Allstate Insurance Company Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 448.05

Date of Receipt
 08 / 08 / 2014
Transaction ID : A2014-1807861

Amount of Each Receipt this Period
 34.60

Full Name (Last, First, Middle Initial)
C. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
 Scottsdale AZ 85255

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

Name of Employer Occupation
 Allstate Insurance Company Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 482.65

Date of Receipt
 08 / 22 / 2014
Transaction ID : A2014-2037782

Amount of Each Receipt this Period
 34.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.69

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: (check only one)	PAGE 177 OF 188
	<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

Full Name (Last, First, Middle Initial) A. PHILLIP C YOUNG		Date of Receipt
Mailing Address 2181 APPLE HILL LANE		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City State Zip Code BUFFALO GROVE IL 60089		Transaction ID : A2014-1807767
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="22.12"/>
Name of Employer Allstate Insurance Company	Occupation ARE-Aviation Leadership-D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="352.44"/>	

Full Name (Last, First, Middle Initial) B. PHILLIP C YOUNG		Date of Receipt
Mailing Address 2181 APPLE HILL LANE		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City State Zip Code BUFFALO GROVE IL 60089		Transaction ID : A2014-2037689
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="22.12"/>
Name of Employer Allstate Insurance Company	Occupation ARE-Aviation Leadership-D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="374.56"/>	

Full Name (Last, First, Middle Initial) C. MARY E ZAGORSKI		Date of Receipt
Mailing Address 2609 N PINE AVE		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City State Zip Code ARLINGTON HEIGHTS IL 60004		Transaction ID : A2014-1807788
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="44.26"/>
Name of Employer Allstate Insurance Company	Occupation PMO Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="701.45"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="88.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 178 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
745.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037710

Amount of Each Receipt this Period
44.26

Full Name (Last, First, Middle Initial)
B. PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
VILLA PARK IL 60181

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

Name of Employer Occupation
Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
341.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807829

Amount of Each Receipt this Period
21.45

Full Name (Last, First, Middle Initial)
C. PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
VILLA PARK IL 60181

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

Name of Employer Occupation
Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
363.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037751

Amount of Each Receipt this Period
21.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.16

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 179 OF 188
(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. GERALD L ZIMMERMAN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2584 Sutton Lane
 City State Zip Code
 AURORA IL 60502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1210.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807853
 Amount of Each Receipt this Period
 76.05

B. GERALD L ZIMMERMAN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2584 Sutton Lane
 City State Zip Code
 AURORA IL 60502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1286.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : A2014-2037774
 Amount of Each Receipt this Period
 76.05

C. CARLA A ZUNIGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2189 N. BEAVER CREEK DRIVE
 City State Zip Code
 VERNON HILLS IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ATO-Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 779.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : A2014-1807887
 Amount of Each Receipt this Period
 49.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.35
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 180 OF 188
(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. CARLA A ZUNIGA
Full Name (Last, First, Middle Initial)
Mailing Address 2189 N. BEAVER CREEK DRIVE
City VERNON HILLS State IL Zip Code 60061
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP-ATO-Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **828.70**

Date of Receipt
08 / 22 / 2014
Transaction ID : A2014-2037808
Amount of Each Receipt this Period
49.25

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	49.25
TOTAL This Period (last page this line number only).....▶	19982.91

**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 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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 12 / 2014

Transaction ID : B510837

Amount of Each Disbursement this Period

84.84

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

84.84

84.84

**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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Tim Bishop for Congress

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Tim Bishop

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2014

Transaction ID : B508690

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated 07/30/14

Full Name (Last, First, Middle Initial)

B. Tim Bishop for Congress

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Tim Bishop

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2014

Transaction ID : B511104

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2014

Transaction ID : B510592

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Citizens for Lou Lang

Mailing Address PO Box 1815

City State Zip Code
Skokie IL 60076

Purpose of Disbursement
G-2014 State House 16 IL

011

Candidate Name
Louis I Lang

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : B509143

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Brown for Senate

Mailing Address 316 South Potter Street

City State Zip Code
Gettysburg SD 57442

Purpose of Disbursement
G-2014 State Senate 23 SD

011

Candidate Name
Corey Brown

Category/
Type

Office Sought: House
 Senate
 President
State: SD District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : B509162

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Daugaard for South Dakota

Mailing Address P.O. Box 7014

City State Zip Code
Pierre SD 57501

Purpose of Disbursement
G-2014 Governor SD

011

Candidate Name
Dennis Daugaard

Category/
Type

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : B509160

Amount of Each Disbursement this Period

250.00

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

2450.00

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 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

Full Name (Last, First, Middle Initial)

A. Brian Gosch for State House

Mailing Address 312 Alta Vista Drive

City State Zip Code
Rapid City SD 57701

Purpose of Disbursement
G-2014 State House 32 SD

011

Candidate Name
Brian Gosch

Category/
Type

Office Sought: House
 Senate
 President
State: SD District: 32

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : B509155

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Rave for Senate

Mailing Address 46923 250th Street

City State Zip Code
Baltic SD 57003

Purpose of Disbursement
G-2014 State Senate 25 SD

011

Candidate Name
Timothy A Rave

Category/
Type

Office Sought: House
 Senate
 President
State: SD District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : B509156

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mark Willadsen for SD House of Representative Dist. 11

Mailing Address 6104 West Cheyenne Drive

City State Zip Code
Sioux Falls SD 57106

Purpose of Disbursement
G-2014 State House 11 SD

011

Candidate Name
Mark K Willadsen

Category/
Type

Office Sought: House
 Senate
 President
State: SD District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : B509150

Amount of Each Disbursement this Period

200.00

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

600.00

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 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

Full Name (Last, First, Middle Initial)

A. South Dakota Insurance Alliance PAC

Mailing Address 2309 South Brighton Drive

City State Zip Code
Sioux Falls SD 57106

Purpose of Disbursement
State PAC

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : B509271

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Smithee for State House Rep

Mailing Address 320 Polk Street, Suite 1000

City State Zip Code
Amarillo TX 79101

Purpose of Disbursement
P-2014 State House 86 TX

011
Category/
Type

Candidate Name

John T Smithee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 86

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2014

Transaction ID : B484639

Amount of Each Disbursement this Period

-2000.00

Voided: Original check dated 12/30/13

Full Name (Last, First, Middle Initial)

C. John Smithee for State House Rep

Mailing Address 320 S. Polk Suite 1000

City State Zip Code
Amarillo TX 79101

Purpose of Disbursement
G-2014 State House 86 TX

011
Category/
Type

Candidate Name

John T Smithee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 86

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2014

Transaction ID : B500226

Amount of Each Disbursement this Period

-5000.00

Voided: Original check dated 07/03/14

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

-6750.00

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 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

Full Name (Last, First, Middle Initial)

A. Fred Emerich for Senate 5

Mailing Address PO Box 903

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement
P-2014 State Senate 5 WY

011

Candidate Name

Fred Emerich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : B509140

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Harshman for House

Mailing Address 4286 South Moonbeam Road

City Casper State WY Zip Code 82604

Purpose of Disbursement
P-2014 State House 37 WY

011

Candidate Name

Steve Harshman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 37

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : B509139

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tom Jones for All HD 42

Mailing Address 1409 Mt. Meeker Road

City Cheyenne State WY Zip Code 82009

Purpose of Disbursement
P-2014 State House 42 WY

011

Candidate Name

Tom Jones

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 42

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : B509142

Amount of Each Disbursement this Period

1	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

3	5	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	5	0	0	0	0
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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 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

Full Name (Last, First, Middle Initial)

A. Krone for House

Mailing Address P.O. Box 2481

City State Zip Code
Cody WY 82414

Purpose of Disbursement
P-2014 State House 24 WY

011

Candidate Name
Sam Krone

Category/
Type

Office Sought: House
 Senate
 President
State: WY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : B509138

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Landen for Legislature

Mailing Address 2010 Kingsbury Drive

City State Zip Code
Casper WY 82609

Purpose of Disbursement
P-2014 State Senate 27 WY

011

Candidate Name
William (Bill) R Landen

Category/
Type

Office Sought: House
 Senate
 President
State: WY District: 27

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : B509137

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Lockhart for House Committee

Mailing Address 770 E 12th Street

City State Zip Code
Casper WY 82601

Purpose of Disbursement
P-2014 State House 57 WY

011

Candidate Name
Tom Lockhart

Category/
Type

Office Sought: House
 Senate
 President
State: WY District: 57

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : B509136

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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**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 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

Full Name (Last, First, Middle Initial)

A. Perkins for Senate

Mailing Address 1133 Granada Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement
P-2014 State Senate 29 WY

011

Candidate Name

Drew Perkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 29

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : B509135

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Vote Zwonitzer

Mailing Address 521 Cottonwood Drive

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement
P-2014 State House 43 WY

011

Candidate Name

Dan Zwonitzer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 43

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : B509134

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

250.00

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

-2700.00