

**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="2013"/>		50461.20
(b) Cash on Hand at Beginning of Reporting Period.....	35380.55	
(c) Total Receipts (from Line 19)	21970.03	217919.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57350.58	268380.82
7. Total Disbursements (from Line 31).....	33711.35	244741.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23639.23	23639.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Allstate Insurance Company PAC

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

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).....	21464.58	153229.27
(ii) Unitemized	505.45	64190.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21970.03	217419.62
(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)	21970.03	217419.62
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	500.00
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))..... ▶	21970.03	217919.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21970.03	217919.62

DETAILED SUMMARY PAGE
of Disbursements

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	86.35	983.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	86.35	983.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	188000.00
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	273.08
(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	273.08
29. Other Disbursements	9625.00	55485.00
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)) ..	33711.35	244741.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33711.35	244741.59

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)	21970.03	217419.62
34. Total Contribution Refunds (from Line 28(d))	0.00	273.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21970.03	217146.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	86.35	983.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	86.35	483.51

**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 219
	<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 Senior Manager
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945022

Amount of Each Receipt this Period

23.14

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 Senior Manager
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **438.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944699

Amount of Each Receipt this Period

23.14

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 ▼ **374.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944827

Amount of Each Receipt this Period

20.88

SUBTOTAL of Receipts This Page (optional).....▶	67.16
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: (check only one)	PAGE 8 OF 219
	<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. ERNEST D ADAMS		Date of Receipt
Mailing Address P O Box 105		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944505
Grayslake	IL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="20.88"/>
60030		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Leader-Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.60"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MICHAEL W AGAR		Date of Receipt
Mailing Address 200 W MILL VALLEY DR		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944953
COLLEYVILLE	TX	Amount of Each Receipt this Period
Zip Code		<input type="text" value="16.35"/>
76034		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Service Manager-Sr Te	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="294.30"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL W AGAR		Date of Receipt
Mailing Address 200 W MILL VALLEY DR		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944630
COLLEYVILLE	TX	Amount of Each Receipt this Period
Zip Code		<input type="text" value="16.35"/>
76034		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Service Manager-Sr Te	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="310.65"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="53.58"/>
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 9 OF 219
(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 P BADER
 Mailing Address 438 MITCHELL DRIVE
 City State Zip Code
 GRAYS LAKE IL 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ATO-Delivery & Risk M
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1460.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944752
 Amount of Each Receipt this Period
 81.15

Full Name (Last, First, Middle Initial)
B. JOHN P BADER
 Mailing Address 438 MITCHELL DRIVE
 City State Zip Code
 GRAYS LAKE IL 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ATO-Delivery & Risk M
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1541.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944430
 Amount of Each Receipt this Period
 81.15

Full Name (Last, First, Middle Initial)
C. 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 ▼
 406.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944753
 Amount of Each Receipt this Period
 22.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.05
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 10 OF 219
(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 ▼ **429.73**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944431

Amount of Each Receipt this Period
22.75

Full Name (Last, First, Middle Initial)
B. Donald J Bailey

Mailing Address 27 Kitchell Road

City State Zip Code
 Morristown NJ 07960

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

Name of Employer Occupation
 Allstate Insurance Company PRES-EB-Emerging Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2186.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945046

Amount of Each Receipt this Period
122.31

Full Name (Last, First, Middle Initial)
C. Donald J Bailey

Mailing Address 27 Kitchell Road

City State Zip Code
 Morristown NJ 07960

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

Name of Employer Occupation
 Allstate Insurance Company PRES-EB-Emerging Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2308.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944723

Amount of Each Receipt this Period
122.31

SUBTOTAL of Receipts This Page (optional)..... ▶ **267.37**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 219
(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 Senior Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.19

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944956
 Amount of Each Receipt this Period
 31.20

B. 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 Senior Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.39

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944633
 Amount of Each Receipt this Period
 31.20

C. GREGORY P BALDWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Saddle Ridge Ct.
 City Hawthorn Woods State IL Zip Code 60047
 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 ▼ 733.77

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944946
 Amount of Each Receipt this Period
 41.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.44
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 219
<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. GREGORY P BALDWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Saddle Ridge Ct.
 City Hawthorn Woods State IL Zip Code 60047
 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 ▼ 774.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944623
 Amount of Each Receipt this Period
 41.04

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-PC-Agency Contact Cen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 668.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944800
 Amount of Each Receipt this Period
 37.32

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-PC-Agency Contact Cen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944478
 Amount of Each Receipt this Period
 37.32

SUBTOTAL of Receipts This Page (optional).....▶	115.68
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 13 OF 219
	(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

Full Name (Last, First, Middle Initial) A. PHILLIP W BANET		Date of Receipt
Mailing Address 4589 JADE LANE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code HOFFMAN ESTATES IL 60192		Transaction ID : A2013-3944832
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.14"/>
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 ▼ <input type="text" value="701.91"/>	

Full Name (Last, First, Middle Initial) B. PHILLIP W BANET		Date of Receipt
Mailing Address 4589 JADE LANE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code HOFFMAN ESTATES IL 60192		Transaction ID : A2013-3944510
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.14"/>
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 ▼ <input type="text" value="741.05"/>	

Full Name (Last, First, Middle Initial) C. ROBERT H BARGE III III		Date of Receipt
Mailing Address 2222 LOCH WAY		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code EL DORADO HILLS CA 95762		Transaction ID : A2013-3945020
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="79.94"/>
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 ▼ <input type="text" value="1428.44"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="158.22"/>
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 14 OF 219
(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 H BARGE III III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 LOCH WAY
 City State Zip Code
 EL DORADO HILLS CA 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Field Senior Vice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1508.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944697
 Amount of Each Receipt this Period
 79.94

B. 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 ▼
 525.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944764
 Amount of Each Receipt this Period
 29.43

C. 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 ▼
 555.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944442
 Amount of Each Receipt this Period
 29.43

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.80
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 15 OF 219
(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. DIANE BELLAS

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 ▼
401.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944865

Amount of Each Receipt this Period
22.41

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

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 ▼
423.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944542

Amount of Each Receipt this Period
22.41

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

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Occupation
Allstate Insurance Company AFT-Architect-Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
645.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944916

Amount of Each Receipt this Period
36.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.05

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 16 OF 219
(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 State Zip Code
 NAPERVILLE IL 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AFT-Architect-Expert
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 682.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944593
 Amount of Each Receipt this Period
 36.23

B. EDWARD A BIEMER
 Full Name (Last, First, Middle Initial)
 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-Regional Product
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944779
 Amount of Each Receipt this Period
 42.46

C. EDWARD A BIEMER
 Full Name (Last, First, Middle Initial)
 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-Regional Product
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 802.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944457
 Amount of Each Receipt this Period
 42.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.15
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 219
	<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. ROBERT W BIRMAN		Date of Receipt
Mailing Address 7533 WHITLOCK PLACE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
LINCOLN	NE	68516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944920
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Operations Director	<input type="text" value="19.09"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="341.55"/>	

Full Name (Last, First, Middle Initial) B. ROBERT W BIRMAN		Date of Receipt
Mailing Address 7533 WHITLOCK PLACE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
LINCOLN	NE	68516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944597
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Operations Director	<input type="text" value="19.09"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.64"/>	

Full Name (Last, First, Middle Initial) C. ROBERT L BLOCK		Date of Receipt
Mailing Address 398 Brookmont Lane		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
North Barrington	IL	60010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944974
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	SVP-FSS-Investor Relation	<input type="text" value="67.12"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1203.71"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.30"/>
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 18 OF 219
(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 BLOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 398 Brookmont Lane
 City North Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Investor Relation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1270.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944651
 Amount of Each Receipt this Period
 67.12

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 Technical Claim Process S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 279.40

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945023
 Amount of Each Receipt this Period
 15.58

C. 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 Technical Claim Process S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.98

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944700
 Amount of Each Receipt this Period
 15.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.28
TOTAL This Period (last page this line 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 19 OF 219
	<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. DOUGLAS L BORG
Full Name (Last, First, Middle Initial)
Mailing Address 2160 Red Setter Road

City Rocklin	State CA	Zip Code 95765
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **601.33**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945018

Amount of Each Receipt this Period

33.49

B. DOUGLAS L BORG
Full Name (Last, First, Middle Initial)
Mailing Address 2160 Red Setter Road

City Rocklin	State CA	Zip Code 95765
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **634.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944695

Amount of Each Receipt this Period

33.49

C. WILLIAM B BORST
Full Name (Last, First, Middle Initial)
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-EB-Head of Stratetic G
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.03**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944864

Amount of Each Receipt this Period

30.73

SUBTOTAL of Receipts This Page (optional).....▶	97.71
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 20 OF 219
	(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

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. WILLIAM B BORST

Mailing Address 827 N. HADDOW AVENUE

City	State	Zip Code
ARLINGTON HTS	IL	60004

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

Name of Employer	Occupation
Allstate Insurance Company	VP-EB-Head of Stratetic G

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944541

Amount of Each Receipt this Period

64.21

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

Mailing Address 5220 SAWGRASS DR.

City	State	Zip Code
LINCOLN	NE	68526

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **298.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944997

Amount of Each Receipt this Period

16.74

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

Mailing Address 5220 SAWGRASS DR.

City	State	Zip Code
LINCOLN	NE	68526

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944674

Amount of Each Receipt this Period

16.74

SUBTOTAL of Receipts This Page (optional).....▶	64.21
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 219
	<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. LONDON B BRADLEY
Full Name (Last, First, Middle Initial)
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 ▼ **665.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945003

Amount of Each Receipt this Period

97.37

B. LONDON B BRADLEY
Full Name (Last, First, Middle Initial)
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 ▼ **703.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944680

Amount of Each Receipt this Period

37.25

C. KENNETH A BRANCH
Full Name (Last, First, Middle Initial)
Mailing Address 28955 NIBLICK KNOLL CT.

City IVANHOE	State IL	Zip Code 60060
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-ENC-Encompass Field Sa
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.17**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944982

Amount of Each Receipt this Period

22.87

SUBTOTAL of Receipts This Page (optional).....	97.37
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 219
(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 A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Occupation
Allstate Insurance Company VP-ENC-Encompass Field Sa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944659

Amount of Each Receipt this Period
22.87

Full Name (Last, First, Middle Initial)
B. SHEILA M BREEDING

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code
SOMERVILLE NJ 08876

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 ▼
312.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944767

Amount of Each Receipt this Period
17.56

Full Name (Last, First, Middle Initial)
C. SHEILA M BREEDING

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code
SOMERVILLE NJ 08876

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 ▼
330.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944445

Amount of Each Receipt this Period
17.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 219
	(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

Full Name (Last, First, Middle Initial) A. DUDLEY R BRIGHT		Date of Receipt
Mailing Address 18135 W MEANDER DR		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code GRAYSLAKE IL 60030		Transaction ID : A2013-3944792
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer Allstate Insurance Company	Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="374.17"/>	

Full Name (Last, First, Middle Initial) B. DUDLEY R BRIGHT		Date of Receipt
Mailing Address 18135 W MEANDER DR		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code GRAYSLAKE IL 60030		Transaction ID : A2013-3944470
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer Allstate Insurance Company	Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="395.01"/>	

Full Name (Last, First, Middle Initial) C. LORRIE K BROUSE		Date of Receipt
Mailing Address 223 POLK PLACE DRIVE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code FRANKLIN TN 37064		Transaction ID : A2013-3944809
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.42"/>
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="706.09"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.10"/>
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 24 OF 219
(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. LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code
 FRANKLIN TN 37064

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 745.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944487

Amount of Each Receipt this Period
 39.42

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

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
 CHICAGO IL 60625

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 385.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944837

Amount of Each Receipt this Period
 21.52

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

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
 CHICAGO IL 60625

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 406.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944515

Amount of Each Receipt this Period
 21.52

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.46

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

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

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

FOR LINE NUMBER: PAGE 25 OF 219
(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. PAMELA S BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5886 TEAL LANE
 City LONG GROVE State IL Zip Code 60047
 Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3944949
 Amount of Each Receipt this Period 20.59
 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 ▼ 369.22

B. PAMELA S BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5886 TEAL LANE
 City LONG GROVE State IL Zip Code 60047
 Date of Receipt 09 / 20 / 2013
Transaction ID : A2013-3944626
 Amount of Each Receipt this Period 20.59
 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 ▼ 389.81

C. CATHERINE S BRUNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 SAVANNA CT
 City LAKE FOREST State IL Zip Code 60045
 Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3944813
 Amount of Each Receipt this Period 188.46
 FEC ID number of contributing federal political committee. C
 Name of Employer Allstate Insurance Company Occupation EVP-SAL-Regional Presiden
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3392.28

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.64
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 26 OF 219
	<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. CATHERINE S BRUNE
Full Name (Last, First, Middle Initial)

Mailing Address 190 SAVANNA CT

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation EVP-SAL-Regional Presiden

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3580.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944491

Amount of Each Receipt this Period
 188.46

B. 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 ▼ 707.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944871

Amount of Each Receipt this Period
 39.48

C. 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 ▼ 746.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944548

Amount of Each Receipt this Period
 39.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 267.42

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

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

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

FOR LINE NUMBER: PAGE 27 OF 219
(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 E BUCHANAN

Mailing Address 26 W. 690 LINDSEY AVE.

City State Zip Code
 WINFIELD IL 60190

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 ▼
 310.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944939

Amount of Each Receipt this Period
 17.39

Full Name (Last, First, Middle Initial)
B. JOHN E BUCHANAN

Mailing Address 26 W. 690 LINDSEY AVE.

City State Zip Code
 WINFIELD IL 60190

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 ▼
 327.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944616

Amount of Each Receipt this Period
 17.39

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

Mailing Address 249 S. OLD CREEK RD

City State Zip Code
 VERNON HILLS IL 60061

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 ▼
 225.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944944

Amount of Each Receipt this Period
 13.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 47.86

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 219
	<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. CHERI M BUCKLEY

Mailing Address 249 S. OLD CREEK RD

City State Zip Code
VERNON HILLS IL 60061

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 ▼
238.69

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944621

Amount of Each Receipt this Period
13.08

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

Mailing Address 1077 Devon Drive

City State Zip Code
Antioch IL 60002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.87

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3944868

Amount of Each Receipt this Period
16.52

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

Mailing Address 1077 Devon Drive

City State Zip Code
Antioch IL 60002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.39

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944545

Amount of Each Receipt this Period
16.52

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.12

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 30 OF 219
(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. GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code
VERNON HILLS IL 60061

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
729.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944462

Amount of Each Receipt this Period
56.54

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

Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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 ▼
1578.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944971

Amount of Each Receipt this Period
88.29

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

Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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 ▼
1666.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944648

Amount of Each Receipt this Period
88.29

SUBTOTAL of Receipts This Page (optional)..... ▶ 233.12

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: (check only one)	PAGE 31 OF 219
	<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. Alfredo M Cantoral		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2013 Transaction ID : A2013-3945051
Mailing Address 340 W Superior St		Amount of Each Receipt this Period 25.71
City Chicago	State IL	Zip Code 60654
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.86	

Full Name (Last, First, Middle Initial) B. Alfredo M Cantoral		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2013 Transaction ID : A2013-3944728
Mailing Address 340 W Superior St		Amount of Each Receipt this Period 25.71
City Chicago	State IL	Zip Code 60654
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 484.57	

Full Name (Last, First, Middle Initial) C. VIRGINIA O CHIAPPETTA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2013 Transaction ID : A2013-3944925
Mailing Address 165 ARLINGTON AVE		Amount of Each Receipt this Period 20.46
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation ATO-Communications-Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.28	

SUBTOTAL of Receipts This Page (optional).....▶	71.88
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: (check only one)	PAGE 32 OF 219
<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. VIRGINIA O CHIAPPETTA
Full Name (Last, First, Middle Initial)
Mailing Address 165 ARLINGTON AVE
City ELMHURST State IL Zip Code 60126
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation ATO-Communications-Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 388.74

Date of Receipt 09 / 20 / 2013
Transaction ID : A2013-3944602
Amount of Each Receipt this Period 20.46

B. BRIAN L CLARK
Full Name (Last, First, Middle Initial)
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 Finance Senior Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.51

Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3944981
Amount of Each Receipt this Period 18.49

C. BRIAN L CLARK
Full Name (Last, First, Middle Initial)
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 Finance Senior Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 329.00

Date of Receipt 09 / 20 / 2013
Transaction ID : A2013-3944658
Amount of Each Receipt this Period 18.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.44
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 219
	<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. 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 Prod Ops State Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944930

Amount of Each Receipt this Period
28.61

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 Prod Ops State Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.07**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944607

Amount of Each Receipt this Period
28.61

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

Mailing Address 9330 Malheur Way

City ELK GROVE State CA Zip Code 95758

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 ▼ **633.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945036

Amount of Each Receipt this Period
35.64

SUBTOTAL of Receipts This Page (optional)..... **92.86**

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

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

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

FOR LINE NUMBER: PAGE 34 OF 219
(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. CHRISTOPHER W CLAY
 Mailing Address 9330 Malheur Way
 City State Zip Code
 ELK GROVE CA 95758
 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 ▼
 668.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944713
 Amount of Each Receipt this Period
 35.64

Full Name (Last, First, Middle Initial)
B. MARK P CLOGHESSY
 Mailing Address 4343 LAWN AVE
 City State Zip Code
 WESTERN SPRINGS IL 60558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SMD-INV-International
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 691.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944833
 Amount of Each Receipt this Period
 38.40

Full Name (Last, First, Middle Initial)
C. MARK P CLOGHESSY
 Mailing Address 4343 LAWN AVE
 City State Zip Code
 WESTERN SPRINGS IL 60558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SMD-INV-International
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 729.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944511
 Amount of Each Receipt this Period
 38.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.44
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 219
	<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. 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 ▼
675.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2013

Transaction ID : A2013-3944928

Amount of Each Receipt this Period
32.18

B. 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 ▼
607.86

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2013

Transaction ID : A2013-3944605

Amount of Each Receipt this Period
32.18

C. LISA D COCHRANE
Full Name (Last, First, Middle Initial)
Mailing Address 270 FAIRVIEW AVENUE

City WINNETKA	State IL	Zip Code 60093
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-MRK-Integrated Mrktnng
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
682.61

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2013

Transaction ID : A2013-3944898

Amount of Each Receipt this Period
38.18

SUBTOTAL of Receipts This Page (optional).....▶	102.54
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 219
(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 D COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 FAIRVIEW AVENUE
 City WINNETKA State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-Integrated Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944575
 Amount of Each Receipt this Period
 38.18

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 ▼ 297.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944807
 Amount of Each Receipt this Period
 16.67

C. 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 ▼ 314.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944485
 Amount of Each Receipt this Period
 16.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.52
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 219
(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. PATRICIA A COFFEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21200 W. KEPWICK
 City State Zip Code
 KILDEER IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ATO-Bus Prtn-Shared S
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 483.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944901
 Amount of Each Receipt this Period
 34.63

B. PATRICIA A COFFEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21200 W. KEPWICK
 City State Zip Code
 KILDEER IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ATO-Bus Prtn-Shared S
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 517.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944578
 Amount of Each Receipt this Period
 34.63

C. EDWARD T COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 DUNHILL COURT
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-LGL-Public Policy Deve
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 897.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944862
 Amount of Each Receipt this Period
 50.41

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.67
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 38 OF 219
	<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. EDWARD T COLLINS
Full Name (Last, First, Middle Initial)

Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **948.02**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944539

Amount of Each Receipt this Period
50.41

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

Mailing Address 363 Kensington Ct.

City State Zip Code
Palatine IL 60067

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 ▼ **367.52**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944889

Amount of Each Receipt this Period
20.53

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

Mailing Address 363 Kensington Ct.

City State Zip Code
Palatine IL 60067

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 ▼ **388.05**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944566

Amount of Each Receipt this Period
20.53

SUBTOTAL of Receipts This Page (optional)..... **91.47**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 219
	<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-Bus Prtn-Sales &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944749
 Amount of Each Receipt this Period
 63.78

B. 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-Bus Prtn-Sales &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1204.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944427
 Amount of Each Receipt this Period
 63.78

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 ▼ 337.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944903
 Amount of Each Receipt this Period
 18.89

SUBTOTAL of Receipts This Page (optional).....▶	146.45
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 40 OF 219
	<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. ERROL CRAMER

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 ▼ **356.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944580

Amount of Each Receipt this Period
18.89

Full Name (Last, First, Middle Initial)
B. RICHARD C CRIST Jr.

Mailing Address 252 Center Point Lane

City Lansdale State PA Zip Code 19446

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 ▼ **1329.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944789

Amount of Each Receipt this Period
74.13

Full Name (Last, First, Middle Initial)
C. RICHARD C CRIST Jr.

Mailing Address 252 Center Point Lane

City Lansdale State PA Zip Code 19446

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 ▼ **1403.57**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944467

Amount of Each Receipt this Period
74.13

SUBTOTAL of Receipts This Page (optional)..... ▶ **167.15**

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

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

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

FOR LINE NUMBER: PAGE 41 OF 219
(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 ▼
 713.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944808

Amount of Each Receipt this Period
 39.79

Full Name (Last, First, Middle Initial)
B. 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 ▼
 753.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944486

Amount of Each Receipt this Period
 39.79

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

Mailing Address 2536 ILLINOIS RD

City State Zip Code
 NORTHBROOK IL 60062

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

Name of Employer Occupation
 Allstate Insurance Company Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 326.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944818

Amount of Each Receipt this Period
 18.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **97.81**

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:	PAGE 42 OF 219
	(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. JOHN A DAVISON
Full Name (Last, First, Middle Initial)

Mailing Address 2536 ILLINOIS RD

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **344.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944496

Amount of Each Receipt this Period
18.23

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 ▼ **908.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944863

Amount of Each Receipt this Period
50.96

C. 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 ▼ **952.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944540

Amount of Each Receipt this Period
43.68

SUBTOTAL of Receipts This Page (optional).....▶	112.87
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 219
	(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

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-Manager-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 758.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944825
 Amount of Each Receipt this Period
 42.33

B. 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-Manager-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944503
 Amount of Each Receipt this Period
 42.33

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 ▼ 1006.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944943
 Amount of Each Receipt this Period
 56.07

SUBTOTAL of Receipts This Page (optional).....▶	140.73
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 44 OF 219
	<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 F DEIGL		Date of Receipt
Mailing Address 453 PRAIRIE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
ELMHURST	IL	60126
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944620
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	VP-PRD-Product Vice Presi	<input type="text" value="56.07"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1062.36"/>	

Full Name (Last, First, Middle Initial) B. DEIDRE B DERRIG		Date of Receipt
Mailing Address 460 TOWER ROAD		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
BARRINGTON	IL	60010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944923
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Corporate Counsel	<input type="text" value="22.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="403.43"/>	

Full Name (Last, First, Middle Initial) C. DEIDRE B DERRIG		Date of Receipt
Mailing Address 460 TOWER ROAD		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
BARRINGTON	IL	60010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944600
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Corporate Counsel	<input type="text" value="22.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.93"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="101.07"/>
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 45 OF 219
	<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 ▼ **376.38**

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3944972

Amount of Each Receipt this Period
21.05

B. 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 ▼ **397.43**

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944649

Amount of Each Receipt this Period
21.05

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 VP-CR-Public Social Respo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1055.25**

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3945037

Amount of Each Receipt this Period
59.02

SUBTOTAL of Receipts This Page (optional)..... **101.12**

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: (check only one)	PAGE 46 OF 219
	<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. Victoria A Dinges

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 VP-CR-Public Social Respo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1114.27**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944714

Amount of Each Receipt this Period
59.02

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

Mailing Address 4147 RFD

City LONG GROVE State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation VP-AF-Annuity Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1092.78**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944924

Amount of Each Receipt this Period
60.86

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

Mailing Address 4147 RFD

City LONG GROVE State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation VP-AF-Annuity Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.64**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944601

Amount of Each Receipt this Period
60.86

SUBTOTAL of Receipts This Page (optional).....▶	180.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 219
	<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. BRIAN M DONLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3806 W. Devon Ave
 City Lincolnwood State IL Zip Code 60712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944994
 Amount of Each Receipt this Period
 21.30

B. BRIAN M DONLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3806 W. Devon Ave
 City Lincolnwood State IL Zip Code 60712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944671
 Amount of Each Receipt this Period
 21.30

C. DANIEL C DRESSEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 ADLER LANE
 City MALVERN State PA Zip Code 19355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims Field Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944791
 Amount of Each Receipt this Period
 21.57

SUBTOTAL of Receipts This Page (optional)..... ▶ 64.17
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 48 OF 219
	(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

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

Mailing Address 1706 ADLER LANE

City MALVERN State PA Zip Code 19355

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **406.32**

Date of Receipt **09 / 20 / 2013**

Transaction ID : A2013-3944469

Amount of Each Receipt this Period **21.57**

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

Mailing Address 472 W. SYCAMORE ST.

City VERNON HILLS State IL Zip Code 60061

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

Name of Employer Allstate Insurance Company Occupation Marketing Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **559.08**

Date of Receipt **09 / 06 / 2013**

Transaction ID : A2013-3944848

Amount of Each Receipt this Period **31.47**

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

Mailing Address 472 W. SYCAMORE ST.

City VERNON HILLS State IL Zip Code 60061

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

Name of Employer Allstate Insurance Company Occupation Marketing Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **590.55**

Date of Receipt **09 / 20 / 2013**

Transaction ID : A2013-3944525

Amount of Each Receipt this Period **31.47**

SUBTOTAL of Receipts This Page (optional).....▶	84.51
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 49 OF 219
	(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. SUSAN DUCHAK
Full Name (Last, First, Middle Initial)
Mailing Address 4815 HIGHLAND AVE.
City Downers Grove State IL Zip Code 60515
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 264.69

Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3945032
Amount of Each Receipt this Period 14.88

B. SUSAN DUCHAK
Full Name (Last, First, Middle Initial)
Mailing Address 4815 HIGHLAND AVE.
City Downers Grove State IL Zip Code 60515
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 279.57

Date of Receipt 09 / 20 / 2013
Transaction ID : A2013-3944709
Amount of Each Receipt this Period 14.88

C. DONALD L DUFF
Full Name (Last, First, Middle Initial)
Mailing Address 127 E. STREAMWOOD BLVD.
City Streamwood State IL Zip Code 60107
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Product Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 578.43

Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3944845
Amount of Each Receipt this Period 32.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.43
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: (check only one)	PAGE 50 OF 219
	<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 127 E. STREAMWOOD BLVD.
City STREAMWOOD State IL Zip Code 60107
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Product Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 611.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944523
Amount of Each Receipt this Period
32.67

B. MICHAEL S DUNN
Full Name (Last, First, Middle Initial)
Mailing Address 18202 HARNISH RD.
City ROSCOE State IL Zip Code 61073
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Staff Claims Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 506.07

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944909
Amount of Each Receipt this Period
28.32

C. MICHAEL S DUNN
Full Name (Last, First, Middle Initial)
Mailing Address 18202 HARNISH RD.
City ROSCOE State IL Zip Code 61073
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Staff Claims Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 534.39

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944586
Amount of Each Receipt this Period
28.32

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.31
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 51 OF 219
(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. 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-ENC-Strategy & Project

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
451.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944911

Amount of Each Receipt this Period
25.27

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-ENC-Strategy & Project

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
476.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944588

Amount of Each Receipt this Period
25.27

Full Name (Last, First, Middle Initial)
C. DOUGLAS P DUPONT

Mailing Address 12 ESSEX LANE

City State Zip Code
LINCOLNSHIRE IL 60069

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

Name of Employer Occupation
Allstate Insurance Company MD-INV-Portfolio Manageme

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
528.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944966

Amount of Each Receipt this Period
29.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.92

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 52 OF 219
	<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. DOUGLAS P DUPONT		Date of Receipt
Mailing Address 12 ESSEX LANE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
LINCOLNSHIRE	IL	60069
FEC ID number of contributing federal political committee.		Transaction ID : A2013-3944643
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="29.38"/>
Name of Employer	Occupation	
Allstate Insurance Company	MD-INV-Portfolio Manageme	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="558.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JEFFREY P DWYER		Date of Receipt
Mailing Address 44 CHAMPLAIN COURT		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
MANAHAWKIN	NJ	08050
FEC ID number of contributing federal political committee.		Transaction ID : A2013-3944748
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.54"/>
Name of Employer	Occupation	
Allstate Insurance Company	Market Claim Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="278.82"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JEFFREY P DWYER		Date of Receipt
Mailing Address 44 CHAMPLAIN COURT		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
MANAHAWKIN	NJ	08050
FEC ID number of contributing federal political committee.		Transaction ID : A2013-3944426
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.54"/>
Name of Employer	Occupation	
Allstate Insurance Company	Market Claim Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="294.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.46"/>
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 53 OF 219
(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. Thomas V Ealy

Mailing Address 1541 West Wolfram Street

City State Zip Code
 Chicago IL 60657

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

Name of Employer Occupation
 Allstate Insurance Company SVP-ENC-President Encompa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1483.83

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3945052

Amount of Each Receipt this Period
 82.99

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

Mailing Address 1541 West Wolfram Street

City State Zip Code
 Chicago IL 60657

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

Name of Employer Occupation
 Allstate Insurance Company SVP-ENC-President Encompa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1566.82

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944729

Amount of Each Receipt this Period
 82.99

Full Name (Last, First, Middle Initial)
C. SHARON P EDWARDS

Mailing Address 469 E. HOME AVENUE

City State Zip Code
 PALATINE IL 60074

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 ▼
 206.11

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944547

Amount of Each Receipt this Period
 10.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.88

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 54 OF 219
(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 N EMMICH

Mailing Address 108 SADDLE CREEK COVE

City State Zip Code
 CANTON MS 39046

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 ▼
 332.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945027

Amount of Each Receipt this Period
 18.58

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

Mailing Address 108 SADDLE CREEK COVE

City State Zip Code
 CANTON MS 39046

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 ▼
 351.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944704

Amount of Each Receipt this Period
 18.58

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
 CHICAGO IL 60655

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

Name of Employer Occupation
 Allstate Insurance Company VP-FSS-Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 790.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944934

Amount of Each Receipt this Period
 52.97

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.13

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

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

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

FOR LINE NUMBER: PAGE 55 OF 219
(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. KATHLEEN N ENRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10323 TRUMBULL AVE
 City State Zip Code
 CHICAGO IL 60655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-FSS-Accounting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
843.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944611
 Amount of Each Receipt this Period
52.97

B. MICHAEL L ESCOBAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 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 VP-HR-Diversity & Org. Ef
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1032.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944754
 Amount of Each Receipt this Period
57.69

C. MICHAEL L ESCOBAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 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 VP-HR-Diversity & Org. Ef
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1090.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944432
 Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional)..... ▶ **168.35**
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 56 OF 219
	(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

Full Name (Last, First, Middle Initial) A. CAROLYN A FILIPOVIC		Date of Receipt
Mailing Address 918 JUNIPER ROAD		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
GLENVIEW	IL	60025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944959
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Ethics Director	<input type="text" value="31.38"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="560.70"/>	

Full Name (Last, First, Middle Initial) B. CAROLYN A FILIPOVIC		Date of Receipt
Mailing Address 918 JUNIPER ROAD		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
GLENVIEW	IL	60025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944636
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Ethics Director	<input type="text" value="31.38"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="592.08"/>	

Full Name (Last, First, Middle Initial) C. STEVEN FINE		Date of Receipt
Mailing Address 40375 N. SEA EAGLE CT		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
ANTIOCH	IL	60002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944781
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Sales Director	<input type="text" value="27.90"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.72"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 57 OF 219
(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. STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
 ANTIOCH IL 60002

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 ▼
 527.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944459

Amount of Each Receipt this Period
 27.90

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

Mailing Address 1007 Harris Road

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company VP-AF-Chief of Staff & St

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 705.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944968

Amount of Each Receipt this Period
 39.59

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

Mailing Address 1007 Harris Road

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company VP-AF-Chief of Staff & St

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 745.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944645

Amount of Each Receipt this Period
 39.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.08

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 58 OF 219
	(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

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

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Occupation
Allstate Insurance Company VP-Affinity Solutions Chi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **893.34**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944872

Amount of Each Receipt this Period
50.19

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

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Occupation
Allstate Insurance Company VP-Affinity Solutions Chi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **943.53**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944549

Amount of Each Receipt this Period
50.19

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

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 ▼ **946.85**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944996

Amount of Each Receipt this Period
52.83

SUBTOTAL of Receipts This Page (optional)..... ▶ **153.21**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 219
	<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. ANGELA K FONTANA		Date of Receipt
Mailing Address 1280 WILD ROSE LANE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944673
LAKE FOREST	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="52.83"/>
Name of Employer	Occupation	
Allstate Insurance Company	VP-LGL-Allstate Financial	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="999.68"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SARA A FOSTER		Date of Receipt
Mailing Address 2216 BARRETT DR		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944888
ALGONQUIN	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="33.53"/>
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Six Sigma-Expert	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="596.34"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SARA A FOSTER		Date of Receipt
Mailing Address 2216 BARRETT DR		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944565
ALGONQUIN	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="33.53"/>
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Six Sigma-Expert	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="629.87"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="119.89"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 219
	<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. ANNE M FRANCESCONI		Date of Receipt
Mailing Address 390 17th St. NW #5034		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code Atlanta GA 30363		Transaction ID : A2013-3944879
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.74"/>
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="281.57"/>	

Full Name (Last, First, Middle Initial) B. ANNE M FRANCESCONI		Date of Receipt
Mailing Address 390 17th St. NW #5034		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code Atlanta GA 30363		Transaction ID : A2013-3944556
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.74"/>
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="297.31"/>	

Full Name (Last, First, Middle Initial) C. KARL A FRIEDMAN		Date of Receipt
Mailing Address 333 DUNLEER DRIVE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code CARY IL 60013		Transaction ID : A2013-3944885
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="11.91"/>
Name of Employer Allstate Insurance Company	Occupation ATO-Six Sigma-Expert	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="213.84"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="43.39"/>
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 61 OF 219
	<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. KARL A FRIEDMAN
Full Name (Last, First, Middle Initial)

Mailing Address 333 DUNLEER DRIVE

City State Zip Code
CARY IL 60013

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 ▼
225.75

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944562

Amount of Each Receipt this Period
11.91

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

Mailing Address 1199 E Port Clinton Road

City State Zip Code
Vernon Hills IL 60061

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 ▼
731.43

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3944790

Amount of Each Receipt this Period
41.22

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

Mailing Address 1199 E Port Clinton Road

City State Zip Code
Vernon Hills IL 60061

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 ▼
772.65

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944468

Amount of Each Receipt this Period
41.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.35

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 62 OF 219
	<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. VINCENT A FUSCO
Full Name (Last, First, Middle Initial)
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 ▼ **499.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944750

Amount of Each Receipt this Period

73.22

B. VINCENT A FUSCO
Full Name (Last, First, Middle Initial)
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 ▼ **527.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944428

Amount of Each Receipt this Period

27.95

C. ANNA M GALL
Full Name (Last, First, Middle Initial)
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 ATO-Leader-Sr Manager
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944843

Amount of Each Receipt this Period

17.32

SUBTOTAL of Receipts This Page (optional).....▶	73.22
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 63 OF 219
	<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. ANNA M GALL		Date of Receipt
Mailing Address 1667 FLAGSTONE DRIVE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
CRYSTAL LAKE	IL	60014
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944521
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	ATO-Leader-Sr Manager	<input type="text" value="17.32"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="329.08"/>	

Full Name (Last, First, Middle Initial) B. MARY C GARDNER		Date of Receipt
Mailing Address 4506 DEER TRAIL		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTHBROOK	IL	60062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944786
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Privacy Sr. Manager	<input type="text" value="13.27"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="237.06"/>	

Full Name (Last, First, Middle Initial) C. MARY C GARDNER		Date of Receipt
Mailing Address 4506 DEER TRAIL		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTHBROOK	IL	60062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944464
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Privacy Sr. Manager	<input type="text" value="13.27"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.33"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="43.86"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 64 OF 219
(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 ▼
 697.09

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944893
 Amount of Each Receipt this Period
 39.01

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 ▼
 736.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944570
 Amount of Each Receipt this Period
 39.01

C. MARIBEL V GERSTNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2754 CHARLIE CT.
 City State Zip Code
 GLENVIEW IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-AF-Pres & Chief Operat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 880.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944858
 Amount of Each Receipt this Period
 49.72

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.74
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 219
(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. MARIBEL V GERSTNER
 Mailing Address 2754 CHARLIE CT.
 City State Zip Code
 GLENVIEW IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-AF-Pres & Chief Operat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 930.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944535
 Amount of Each Receipt this Period
 49.72

Full Name (Last, First, Middle Initial)
B. 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 ▼
 593.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944998
 Amount of Each Receipt this Period
 33.20

Full Name (Last, First, Middle Initial)
C. 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 ▼
 627.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944675
 Amount of Each Receipt this Period
 33.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.12
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: (check only one)	PAGE 66 OF 219
	<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. JOAN M GILMORE
Full Name (Last, First, Middle Initial)

Mailing Address 656 S BUCKINGHAM CT

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation Director Litigation Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **806.27**

Date of Receipt **09 / 06 / 2013**

Transaction ID : A2013-3944755

Amount of Each Receipt this Period **45.00**

B. JOAN M GILMORE
Full Name (Last, First, Middle Initial)

Mailing Address 656 S BUCKINGHAM CT

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation Director Litigation Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **851.27**

Date of Receipt **09 / 20 / 2013**

Transaction ID : A2013-3944433

Amount of Each Receipt this Period **45.00**

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

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 ▼ **400.95**

Date of Receipt **09 / 06 / 2013**

Transaction ID : A2013-3944756

Amount of Each Receipt this Period **22.57**

SUBTOTAL of Receipts This Page (optional)..... **112.57**

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 67 OF 219
(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 ▼ **423.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944434

Amount of Each Receipt this Period
22.57

Full Name (Last, First, Middle Initial)
B. 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 ▼ **394.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944853

Amount of Each Receipt this Period
22.05

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 ▼ **416.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944530

Amount of Each Receipt this Period
22.05

SUBTOTAL of Receipts This Page (optional)..... ▶ **66.67**

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 68 OF 219
<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. ANN A GOULD

Mailing Address 4071 NEWPORT LANE

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

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 ▼ **642.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945024

Amount of Each Receipt this Period

35.86

Full Name (Last, First, Middle Initial)
B. ANN A GOULD

Mailing Address 4071 NEWPORT LANE

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

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 ▼ **678.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944701

Amount of Each Receipt this Period

35.86

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

Mailing Address 801 N. Vail Avenue

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-LGL-Staff & Retained C
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **711.87**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944820

Amount of Each Receipt this Period

51.24

SUBTOTAL of Receipts This Page (optional).....▶	122.96
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: (check only one)	PAGE 69 OF 219
	<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 Arlington Heights	State IL	Zip Code 60004
---------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **763.11**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944498

Amount of Each Receipt this Period

85.94

B. 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 Marketing Director
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.25**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944805

Amount of Each Receipt this Period

17.35

C. 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 Marketing Director
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944483

Amount of Each Receipt this Period

17.35

SUBTOTAL of Receipts This Page (optional).....	85.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 219
	<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. 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-EB-President Ivantage
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.25

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3945043
Amount of Each Receipt this Period
59.05

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-EB-President Ivantage
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1109.30

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944720
Amount of Each Receipt this Period
59.05

C. 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 ▼ 1313.69

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3944829
Amount of Each Receipt this Period
73.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.95
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 71 OF 219
(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. JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City State Zip Code
 OAK PARK IL 60302

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1387.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944507

Amount of Each Receipt this Period
 73.85

Full Name (Last, First, Middle Initial)
B. 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 ▼
 329.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945026

Amount of Each Receipt this Period
 18.82

Full Name (Last, First, Middle Initial)
C. 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 ▼
 347.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944703

Amount of Each Receipt this Period
 18.82

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.49

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

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

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

FOR LINE NUMBER: PAGE 72 OF 219
(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. 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 ▼
 329.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944766

Amount of Each Receipt this Period
 18.42

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 ▼
 347.55

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944444

Amount of Each Receipt this Period
 18.42

Full Name (Last, First, Middle Initial)
C. Gerard T GROUZARD

Mailing Address 943 W CAROLYN DR

City State Zip Code
 PALATINE IL 60067

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 ▼
 296.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944851

Amount of Each Receipt this Period
 16.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.43

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 73 OF 219
	(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

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 ▼ 313.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944528
 Amount of Each Receipt this Period
 16.59

B. 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-AF-President Allstate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944958
 Amount of Each Receipt this Period
 32.40

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-AF-President Allstate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944635
 Amount of Each Receipt this Period
 32.40

SUBTOTAL of Receipts This Page (optional).....▶	81.39
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 74 OF 219
	(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

A. DANIEL L GUTHRIE
Full Name (Last, First, Middle Initial)

Mailing Address 33 Savanna Cr

City State Zip Code
Mt. Sinai NY 11766

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 ▼
271.49

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944980

Amount of Each Receipt this Period
15.21

B. DANIEL L GUTHRIE
Full Name (Last, First, Middle Initial)

Mailing Address 33 Savanna Cr

City State Zip Code
Mt. Sinai NY 11766

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 ▼
286.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944657

Amount of Each Receipt this Period
15.21

C. JAMES W HAIDU
Full Name (Last, First, Middle Initial)

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company SVP-PRD-Chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.47

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944591

Amount of Each Receipt this Period
10.68

SUBTOTAL of Receipts This Page (optional)..... **41.10**

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 75 OF 219
	<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. ROBERT R HALPERN-GIVENS		Date of Receipt
Mailing Address 3001 SUTTON WOODS CT		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
CRYSTAL LAKE	IL	60012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944933
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	HR-Payroll & Relocation-S	<input type="text" value="18.02"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="323.55"/>	

Full Name (Last, First, Middle Initial) B. ROBERT R HALPERN-GIVENS		Date of Receipt
Mailing Address 3001 SUTTON WOODS CT		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
CRYSTAL LAKE	IL	60012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944610
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	HR-Payroll & Relocation-S	<input type="text" value="18.02"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="341.57"/>	

Full Name (Last, First, Middle Initial) C. RANDALL M HANSON		Date of Receipt
Mailing Address 840 ALLEGHANY		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
GRAYSLAKE	IL	60030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3945004
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Claim Director	<input type="text" value="40.56"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="724.77"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.60"/>
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 76 OF 219
	(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. 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 Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.33	

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944681

Amount of Each Receipt this Period
40.56

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 ▼ 1168.56	

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3945045

Amount of Each Receipt this Period
65.24

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 ▼ 1233.80	

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944722

Amount of Each Receipt this Period
65.24

SUBTOTAL of Receipts This Page (optional).....▶	171.04
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: (check only one)	PAGE 77 OF 219
	<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. 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 ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945060

Amount of Each Receipt this Period

63.00

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 ▼ **441.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944737

Amount of Each Receipt this Period

63.00

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 ▼ **308.74**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945039

Amount of Each Receipt this Period

17.31

SUBTOTAL of Receipts This Page (optional).....▶	143.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 219
	<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. Jacqueline J Hart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1431 W. Walton
 City Chicago State IL Zip Code 60622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Administration Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.05

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944716
 Amount of Each Receipt this Period
 17.31

B. KEITH A HAUSCHILDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 636 ROSEDALE AVE
 City ROSELLE State IL Zip Code 60172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-AF-Program Mgmt Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.83

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3944826
 Amount of Each Receipt this Period
 28.85

C. KEITH A HAUSCHILDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 636 ROSEDALE AVE
 City ROSELLE State IL Zip Code 60172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-AF-Program Mgmt Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.68

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944504
 Amount of Each Receipt this Period
 28.85

SUBTOTAL of Receipts This Page (optional).....▶	75.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 219
	<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 R HEALY
Full Name (Last, First, Middle Initial)

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 ▼ 306.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944773

Amount of Each Receipt this Period
 17.13

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

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 ▼ 323.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944451

Amount of Each Receipt this Period
 17.13

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 ▼ 295.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944745

Amount of Each Receipt this Period
 16.73

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.99

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 80 OF 219
	(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

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

Mailing Address 990 INDIAN SPRING LANE

City	State	Zip Code
BUFFALO GROVE	IL	60089

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

Name of Employer	Occupation
Allstate Insurance Company	Audit Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.18**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944423

Amount of Each Receipt this Period

16.73

Full Name (Last, First, Middle Initial)
B. EYVONNA HEMPHILL

Mailing Address 337 46TH AVE

City	State	Zip Code
BELLWOOD	IL	60104

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

Name of Employer	Occupation
Allstate Insurance Company	Qty Comp & Edu Sr. Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944861

Amount of Each Receipt this Period

17.11

Full Name (Last, First, Middle Initial)
C. EYVONNA HEMPHILL

Mailing Address 337 46TH AVE

City	State	Zip Code
BELLWOOD	IL	60104

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

Name of Employer	Occupation
Allstate Insurance Company	Qty Comp & Edu Sr. Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.02**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944538

Amount of Each Receipt this Period

17.11

SUBTOTAL of Receipts This Page (optional).....▶	50.95
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 81 OF 219
	(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. 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-PC-Customer Retention
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **658.85**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945061

Amount of Each Receipt this Period

36.92

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-PC-Customer Retention
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.77**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944738

Amount of Each Receipt this Period

36.92

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 ▼ **301.41**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944801

Amount of Each Receipt this Period

16.87

SUBTOTAL of Receipts This Page (optional).....▶	90.71
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 82 OF 219
	<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. 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 ▼ **318.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944479

Amount of Each Receipt this Period
16.87

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

Mailing Address 2935 GLENARYE DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2255.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944806

Amount of Each Receipt this Period
133.38

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

Mailing Address 2935 GLENARYE DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2389.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944484

Amount of Each Receipt this Period
133.38

SUBTOTAL of Receipts This Page (optional).....▶	283.63
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 83 OF 219
	(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. 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 ▼ 274.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944897

Amount of Each Receipt this Period
 15.28

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 ▼ 289.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944574

Amount of Each Receipt this Period
 15.28

C. LINDA M HONOUR
Full Name (Last, First, Middle Initial)

Mailing Address 464 Washington Road

City Lake Forest State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation SVP-ATO-Prog Mgmt Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945033

Amount of Each Receipt this Period
 46.14

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.70

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 84 OF 219
<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. LINDA M HONOUR
Full Name (Last, First, Middle Initial)
Mailing Address 464 Washington Road
City Lake Forest State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP-ATO-Prog Mgmt Office
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **876.66**

Date of Receipt **09 / 20 / 2013**
Transaction ID : A2013-3944710
Amount of Each Receipt this Period **46.14**

B. 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 ▼ **371.52**

Date of Receipt **09 / 06 / 2013**
Transaction ID : A2013-3944977
Amount of Each Receipt this Period **20.69**

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 ▼ **392.21**

Date of Receipt **09 / 20 / 2013**
Transaction ID : A2013-3944654
Amount of Each Receipt this Period **20.69**

SUBTOTAL of Receipts This Page (optional)..... **87.52**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 85 OF 219
(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 S HURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 N. BURGANDY TRAIL
 City JACKSONVILLE State FL Zip Code 32259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Administration Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944794
 Amount of Each Receipt this Period
 21.75

B. MICHAEL S HURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 N. BURGANDY TRAIL
 City JACKSONVILLE State FL Zip Code 32259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Administration Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944472
 Amount of Each Receipt this Period
 21.75

C. STEPHEN L IHM
 Full Name (Last, First, Middle Initial)
 Mailing Address 21558 W GOLDFINCH CT
 City KILDEER State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Corporate Law
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1003.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944894
 Amount of Each Receipt this Period
 56.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.88
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: (check only one)	PAGE 86 OF 219
	<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 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 ▼
1060.33

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944571

Amount of Each Receipt this Period
56.38

Full Name (Last, First, Middle Initial)
B. 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 Vice PresidentCapital PI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
282.69

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944878

Amount of Each Receipt this Period
15.81

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 Vice PresidentCapital PI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944555

Amount of Each Receipt this Period
15.81

SUBTOTAL of Receipts This Page (optional).....▶	88.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 219
(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. 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 ▼
 575.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944866

Amount of Each Receipt this Period
 31.98

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 ▼
 607.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944543

Amount of Each Receipt this Period
 31.98

Full Name (Last, First, Middle Initial)
C. BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
 Altamonte Springs FL 32714

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

Name of Employer Occupation
 Allstate Insurance Company Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 414.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945009

Amount of Each Receipt this Period
 23.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.11

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

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

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

FOR LINE NUMBER: PAGE 88 OF 219
(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. BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
 Altamonte Springs FL 32714

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

Name of Employer Occupation
 Allstate Insurance Company Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 437.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944686

Amount of Each Receipt this Period
 23.15

Full Name (Last, First, Middle Initial)
B. 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 ▼
 248.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944951

Amount of Each Receipt this Period
 13.92

Full Name (Last, First, Middle Initial)
C. 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 ▼
 262.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944628

Amount of Each Receipt this Period
 13.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.99

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 89 OF 219
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JAMES C JAMIESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 BRUCE CIRCLE NORTH
 City State Zip Code
 HAWTHORN WOODS IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SPS-Strategic Alliance-Di
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 715.05

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944849
 Amount of Each Receipt this Period
 39.92

B. JAMES C JAMIESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 BRUCE CIRCLE NORTH
 City State Zip Code
 HAWTHORN WOODS IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SPS-Strategic Alliance-Di
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 754.97

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944526
 Amount of Each Receipt this Period
 39.92

C. JAMES W JONSKE
 Full Name (Last, First, Middle Initial)
 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 ▼
 318.55

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944963
 Amount of Each Receipt this Period
 17.87

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.71
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 90 OF 219
	(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

A. 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 ▼ **336.42**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944640

Amount of Each Receipt this Period

17.87

B. Marcia Kaminsky
Full Name (Last, First, Middle Initial)

Mailing Address 2634 North Wayne

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

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

Name of Employer Allstate Insurance Company	Occupation SVP-CR-Corporate Communic
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1284.61**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945053

Amount of Each Receipt this Period

71.85

C. Marcia Kaminsky
Full Name (Last, First, Middle Initial)

Mailing Address 2634 North Wayne

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

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

Name of Employer Allstate Insurance Company	Occupation SVP-CR-Corporate Communic
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1356.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944730

Amount of Each Receipt this Period

71.85

SUBTOTAL of Receipts This Page (optional).....▶	161.57
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 91 OF 219
	<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 A KANE
Full Name (Last, First, Middle Initial)

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 ▼ **434.25**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944759

Amount of Each Receipt this Period

24.29

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

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 ▼ **458.54**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944437

Amount of Each Receipt this Period

24.29

C. TIMOTHY M KATHRENS
Full Name (Last, First, Middle Initial)

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-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944970

Amount of Each Receipt this Period

17.94

SUBTOTAL of Receipts This Page (optional).....▶	66.52
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 92 OF 219
	<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. TIMOTHY M KATHRENS
Full Name (Last, First, Middle Initial)
Mailing Address 703 HIGHLAND CT
City GRAYSLAKE State IL Zip Code 60030
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 ▼ 338.66

Date of Receipt 09 / 20 / 2013
Transaction ID : A2013-3944647
Amount of Each Receipt this Period 17.94

B. Wilford J Kavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 7 Open Parkway North
City Hawthorn Woods State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP-AF-Pres. Allstate Fin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1005.30

Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3945056
Amount of Each Receipt this Period 55.85

C. Wilford J Kavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 7 Open Parkway North
City Hawthorn Woods State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP-AF-Pres. Allstate Fin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1061.15

Date of Receipt 09 / 20 / 2013
Transaction ID : A2013-3944733
Amount of Each Receipt this Period 55.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 129.64
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 93 OF 219
	<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 R KIAH
Full Name (Last, First, Middle Initial)

Mailing Address 221 BRAMPTON LN

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation SVP-PRT-Protection Progra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1009.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944743

Amount of Each Receipt this Period
56.46

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

Mailing Address 221 BRAMPTON LN

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation SVP-PRT-Protection Progra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1066.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944421

Amount of Each Receipt this Period
56.46

C. CURTIS L KIBLER
Full Name (Last, First, Middle Initial)

Mailing Address 1332 BAY MEADOWS DR

City BARTLETT State IL Zip Code 60103

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 ▼ **784.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944850

Amount of Each Receipt this Period
43.67

SUBTOTAL of Receipts This Page (optional)..... **156.59**

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 94 OF 219
<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. CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City BARTLETT State IL Zip Code 60103

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 ▼ **827.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944527

Amount of Each Receipt this Period
43.67

Full Name (Last, First, Middle Initial)
B. PAUL N KIERIG

Mailing Address 200 OXFORD RD

City Tower Lakes State IL Zip Code 60010

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 ▼ **487.57**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944882

Amount of Each Receipt this Period
27.27

Full Name (Last, First, Middle Initial)
C. PAUL N KIERIG

Mailing Address 200 OXFORD RD

City Tower Lakes State IL Zip Code 60010

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 ▼ **514.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944559

Amount of Each Receipt this Period
27.27

SUBTOTAL of Receipts This Page (optional)..... **98.21**

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 95 OF 219
(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. BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
 GURNEE IL 60031

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 ▼
 374.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944799

Amount of Each Receipt this Period
 20.89

Full Name (Last, First, Middle Initial)
B. BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
 GURNEE IL 60031

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 ▼
 395.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944477

Amount of Each Receipt this Period
 20.89

Full Name (Last, First, Middle Initial)
C. ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City State Zip Code
 EVANSTON IL 60201

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 ▼
 378.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944947

Amount of Each Receipt this Period
 21.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.98

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: PAGE 96 OF 219
(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. ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City State Zip Code
EVANSTON IL 60201

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 ▼
400.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944624

Amount of Each Receipt this Period
21.20

Full Name (Last, First, Middle Initial)
B. Stephen B King

Mailing Address 1620 Monterey

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944718

Amount of Each Receipt this Period
30.35

Full Name (Last, First, Middle Initial)
C. 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 ▼
279.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945038

Amount of Each Receipt this Period
15.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 219
	<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. Brian D Klemstein
Full Name (Last, First, Middle Initial)

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 ▼
295.52

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944715

Amount of Each Receipt this Period
15.66

B. STEVEN T KLODZINSKI
Full Name (Last, First, Middle Initial)

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 Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3944908

Amount of Each Receipt this Period
13.55

C. STEVEN T KLODZINSKI
Full Name (Last, First, Middle Initial)

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 Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.55

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944585

Amount of Each Receipt this Period
13.55

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.76

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 98 OF 219
(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 L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City State Zip Code
 LEBANON PA 17042

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 ▼
 398.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944787

Amount of Each Receipt this Period
 22.25

Full Name (Last, First, Middle Initial)
B. TIMOTHY L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City State Zip Code
 LEBANON PA 17042

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 ▼
 420.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944465

Amount of Each Receipt this Period
 22.25

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

Mailing Address 2050 GLENDALE AVE

City State Zip Code
 NORTHBROOK IL 60062

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

Name of Employer Occupation
 Allstate Insurance Company Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 668.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945002

Amount of Each Receipt this Period
 37.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.89

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 219
	(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. 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 ▼ **705.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944679

Amount of Each Receipt this Period
37.39

Full Name (Last, First, Middle Initial)
B. DANIEL P KRAFT

Mailing Address 1884 S. WARBLER CT.

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation MICR-PSID Vehicle-Directo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944823

Amount of Each Receipt this Period
12.46

Full Name (Last, First, Middle Initial)
C. DANIEL P KRAFT

Mailing Address 1884 S. WARBLER CT.

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation MICR-PSID Vehicle-Directo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.39**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944501

Amount of Each Receipt this Period
12.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **62.31**

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 100 OF 219
(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. JAIKRISHNA KUCHIMANCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1503 ALMADEN LN
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AFT-Manager-Sr Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 629.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944937
 Amount of Each Receipt this Period
 35.46

B. JAIKRISHNA KUCHIMANCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1503 ALMADEN LN
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AFT-Manager-Sr Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 665.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944614
 Amount of Each Receipt this Period
 35.46

C. 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-SAL-Agency Sales Cross
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 428.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944816
 Amount of Each Receipt this Period
 23.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.88
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 101 OF 219
(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-SAL-Agency Sales Cross
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 452.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944494
 Amount of Each Receipt this Period
 23.96

B. PAUL D LANSPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3819 PARSONS ROAD
 City State Zip Code
 CARPENTERSVILLE IL 60110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sr. Sales Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 253.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945005
 Amount of Each Receipt this Period
 28.12

C. PAUL D LANSPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3819 PARSONS ROAD
 City State Zip Code
 CARPENTERSVILLE IL 60110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sr. Sales Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 281.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944682
 Amount of Each Receipt this Period
 28.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.20
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 102 OF 219
	<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 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 ▼ 269.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944778
 Amount of Each Receipt this Period
 15.08

B. 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 ▼ 284.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944456
 Amount of Each Receipt this Period
 15.08

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-Chief Legal Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1064.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944742
 Amount of Each Receipt this Period
 102.00

SUBTOTAL of Receipts This Page (optional).....▶	132.16
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 103 OF 219
(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. SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City State Zip Code
DEERFIELD IL 60015

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

Name of Employer Occupation
Allstate Insurance Company EVP-LGL-Chief Legal Offic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944420

Amount of Each Receipt this Period
102.00

Full Name (Last, First, Middle Initial)
B. NANCY K LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Occupation
Allstate Insurance Company Corp Rel Regional Sr Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944904

Amount of Each Receipt this Period
23.51

Full Name (Last, First, Middle Initial)
C. NANCY K LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Occupation
Allstate Insurance Company Corp Rel Regional Sr Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944581

Amount of Each Receipt this Period
23.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.02

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 104 OF 219
(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 L LEVINE

Mailing Address 16340 W. Arlington Drive

City State Zip Code
Libertyville IL 60048

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 ▼
347.80

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944987

Amount of Each Receipt this Period
19.51

Full Name (Last, First, Middle Initial)
B. GARY L LEVINE

Mailing Address 16340 W. Arlington Drive

City State Zip Code
Libertyville IL 60048

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 ▼
367.31

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944664

Amount of Each Receipt this Period
19.51

Full Name (Last, First, Middle Initial)
C. 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 ▼
250.03

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944986

Amount of Each Receipt this Period
13.89

SUBTOTAL of Receipts This Page (optional)..... ▶ **52.91**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 OF 219
	(check only one)	
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<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

Full Name (Last, First, Middle Initial)
A. CHARLES M LITTLE

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 ▼
263.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944663

Amount of Each Receipt this Period
13.89

Full Name (Last, First, Middle Initial)
B. Peter G Logothesis

Mailing Address 2326 Indian Ridge Drive

City Glenview	State IL	Zip Code 60026
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-ATO-Bus Prtn-Claims
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1104.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945057

Amount of Each Receipt this Period
61.80

Full Name (Last, First, Middle Initial)
C. Peter G Logothesis

Mailing Address 2326 Indian Ridge Drive

City Glenview	State IL	Zip Code 60026
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-ATO-Bus Prtn-Claims
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944734

Amount of Each Receipt this Period
61.80

SUBTOTAL of Receipts This Page (optional).....▶	137.49
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 219
(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 LOWE

Mailing Address 2568 Carrington Way

City State Zip Code
 Frederick MD 21702

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

Name of Employer Occupation
 Allstate Insurance Company Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 257.09

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3944952

Amount of Each Receipt this Period
 14.38

Full Name (Last, First, Middle Initial)
B. RHONDA J LOWE

Mailing Address 2568 Carrington Way

City State Zip Code
 Frederick MD 21702

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

Name of Employer Occupation
 Allstate Insurance Company Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 271.47

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944629

Amount of Each Receipt this Period
 14.38

Full Name (Last, First, Middle Initial)
C. GREGORY J LUCETT

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 ▼
 638.23

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3945025

Amount of Each Receipt this Period
 35.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 64.52

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

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

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

FOR LINE NUMBER: PAGE 107 OF 219
(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. GREGORY J LUCETT

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 ▼
 673.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944702

Amount of Each Receipt this Period
 35.76

Full Name (Last, First, Middle Initial)
B. COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
 SCHAUMBURG IL 60193

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

Name of Employer Occupation
 Allstate Insurance Company Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 401.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944907

Amount of Each Receipt this Period
 22.38

Full Name (Last, First, Middle Initial)
C. COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
 SCHAUMBURG IL 60193

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

Name of Employer Occupation
 Allstate Insurance Company Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 424.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944584

Amount of Each Receipt this Period
 22.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.52

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 108 OF 219
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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		<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 ▼ **625.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944926

Amount of Each Receipt this Period

34.83

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 ▼ **660.19**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944603

Amount of Each Receipt this Period

34.83

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-SAL-Regional Presiden
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1953.77**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945054

Amount of Each Receipt this Period

109.34

SUBTOTAL of Receipts This Page (optional).....▶	179.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 109 OF 219
(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-SAL-Regional Presiden

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2063.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944731

Amount of Each Receipt this Period
 109.34

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 ▼
 404.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944976

Amount of Each Receipt this Period
 22.45

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 ▼
 426.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944653

Amount of Each Receipt this Period
 22.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.24

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 110 OF 219
(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. 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 Accounting Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 402.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944860
 Amount of Each Receipt this Period
 22.48

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 Accounting Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 424.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944537
 Amount of Each Receipt this Period
 22.48

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 ▼
 361.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944838
 Amount of Each Receipt this Period
 20.29

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.25
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 111 OF 219
(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 ▼
 381.55

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944516

Amount of Each Receipt this Period
 20.29

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 ▼
 402.48

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3944927

Amount of Each Receipt this Period
 22.43

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 ▼
 424.91

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944604

Amount of Each Receipt this Period
 22.43

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 OF 219
	(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

A. JOHN A MC LAUGHLIN
Full Name (Last, First, Middle Initial)

Mailing Address 25748 N. Stoney Kirk Ct.

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 ▼
757.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944876

Amount of Each Receipt this Period
42.19

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

Mailing Address 25748 N. Stoney Kirk Ct.

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 ▼
799.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944553

Amount of Each Receipt this Period
42.19

C. SALLY J MCCARTHY
Full Name (Last, First, Middle Initial)

Mailing Address 1036 ROLLING PASS

City GLENVIEW	State IL	Zip Code 60025
------------------	-------------	-------------------

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 ▼
443.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944912

Amount of Each Receipt this Period
24.62

SUBTOTAL of Receipts This Page (optional).....▶	109.00
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 113 OF 219
	<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. SALLY J MCCARTHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1036 ROLLING PASS
 City GLENVIEW State IL Zip Code 60025
 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 **467.78**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944589
 Amount of Each Receipt this Period
24.62

B. 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 LTAP Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **278.73**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944990
 Amount of Each Receipt this Period
15.58

C. 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 LTAP Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.31**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944667
 Amount of Each Receipt this Period
15.58

SUBTOTAL of Receipts This Page (optional).....▶	55.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 219
	<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. SCOTT A MCCONNELL
Full Name (Last, First, Middle Initial)
Mailing Address 748 FOXMOOR 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 INV-IT Capital Markets-Di
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
284.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944835

Amount of Each Receipt this Period
19.91

B. SCOTT A MCCONNELL
Full Name (Last, First, Middle Initial)
Mailing Address 748 FOXMOOR 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 INV-IT Capital Markets-Di
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944513

Amount of Each Receipt this Period
19.91

C. JOSEPH P MCCORMICK
Full Name (Last, First, Middle Initial)
Mailing Address 808 PARKDALE CT.

City SOUTHLAKE	State TX	Zip Code 76092
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corp Rel Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
341.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944797

Amount of Each Receipt this Period
18.95

SUBTOTAL of Receipts This Page (optional).....	58.77
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: (check only one)	PAGE 115 OF 219
	<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. JOSEPH P MCCORMICK
Full Name (Last, First, Middle Initial)
Mailing Address 808 PARKDALE CT.
City SOUTHLAKE State TX Zip Code 76092
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Corp Rel Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944475
Amount of Each Receipt this Period
18.95

B. LEE L McElroy
Full Name (Last, First, Middle Initial)
Mailing Address 2998 Thompson Park Ln
City Fairfax State VA Zip Code 22031
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 ▼ 293.94

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3945021
Amount of Each Receipt this Period
16.45

C. LEE L McElroy
Full Name (Last, First, Middle Initial)
Mailing Address 2998 Thompson Park Ln
City Fairfax State VA Zip Code 22031
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 ▼ 310.39

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944698
Amount of Each Receipt this Period
16.45

SUBTOTAL of Receipts This Page (optional).....▶	51.85
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: (check only one)	PAGE 116 OF 219
	<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. MARK A MCGILLIVRAY
Full Name (Last, First, Middle Initial)

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 ▼ **567.27**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945014

Amount of Each Receipt this Period

31.71

B. MARK A MCGILLIVRAY
Full Name (Last, First, Middle Initial)

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 ▼ **598.98**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944691

Amount of Each Receipt this Period

31.71

C. EVA M MCINTEE
Full Name (Last, First, Middle Initial)

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	VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **812.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945012

Amount of Each Receipt this Period

45.40

SUBTOTAL of Receipts This Page (optional).....	108.82
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: (check only one)	PAGE 117 OF 219
	<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. 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 VP-SAL-Field Vice Preside

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **858.10**

Date of Receipt
09 / 20 / 2013

Transaction ID : A2013-3944689

Amount of Each Receipt this Period
45.40

Full Name (Last, First, Middle Initial)
B. JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Occupation
Allstate Insurance Company SVP-PF-Strategy & Plannin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.99**

Date of Receipt
09 / 06 / 2013

Transaction ID : A2013-3944824

Amount of Each Receipt this Period
28.07

Full Name (Last, First, Middle Initial)
C. JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Occupation
Allstate Insurance Company SVP-PF-Strategy & Plannin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **529.06**

Date of Receipt
09 / 20 / 2013

Transaction ID : A2013-3944502

Amount of Each Receipt this Period
28.07

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 118 OF 219
	<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. Jesse E Merten		Date of Receipt 09 / 06 / 2013 Transaction ID : A2013-3945058
Mailing Address 3311 Brook Rd.		Amount of Each Receipt this Period 66.46
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1182.78	

Full Name (Last, First, Middle Initial) B. Jesse E Merten		Date of Receipt 09 / 20 / 2013 Transaction ID : A2013-3944735
Mailing Address 3311 Brook Rd.		Amount of Each Receipt this Period 66.46
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.24	

Full Name (Last, First, Middle Initial) C. HANS H METZINGER		Date of Receipt 09 / 06 / 2013 Transaction ID : A2013-3944900
Mailing Address 407 E. CLAIRE LANE		Amount of Each Receipt this Period 18.51
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.30	

SUBTOTAL of Receipts This Page (optional).....▶	151.43
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 119 OF 219
	(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. 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 ▼ 348.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944577
 Amount of Each Receipt this Period
 18.51

B. JOHN W MICHELI
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 E. Church St.
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PRT-Protection Progra
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 372.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944761
 Amount of Each Receipt this Period
 20.87

C. JOHN W MICHELI
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 E. Church St.
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PRT-Protection Progra
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 393.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944439
 Amount of Each Receipt this Period
 20.87

SUBTOTAL of Receipts This Page (optional).....▶	60.25
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 120 OF 219
	<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. 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 ▼ **573.71**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944834

Amount of Each Receipt this Period

31.99

B. 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 ▼ **605.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944512

Amount of Each Receipt this Period

31.99

C. STEVEN M MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Redwood Drive

City	State	Zip Code
ALGONQUIN	IL	60102

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

Name of Employer	Occupation
Allstate Insurance Company	VP-ATO-Bus Prtn-Product O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.18**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944955

Amount of Each Receipt this Period

24.42

SUBTOTAL of Receipts This Page (optional).....▶	88.40
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 121 OF 219
	<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 M MILLER		Date of Receipt
Mailing Address 1011 Redwood Drive		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
ALGONQUIN	IL	60102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944632
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	VP-ATO-Bus Prtn-Product O	<input type="text" value="24.42"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="461.60"/>	

Full Name (Last, First, Middle Initial) B. AMY B MILLS		Date of Receipt
Mailing Address 942 Forest Avenue		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Deerfiled	IL	60015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3945031
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Risk Mgmt-NCS Integration	<input type="text" value="19.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="347.99"/>	

Full Name (Last, First, Middle Initial) C. AMY B MILLS		Date of Receipt
Mailing Address 942 Forest Avenue		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Deerfiled	IL	60015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944708
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	Risk Mgmt-NCS Integration	<input type="text" value="19.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="367.46"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="63.36"/>
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 122 OF 219
<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. 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 ▼
262.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945019

Amount of Each Receipt this Period
14.62

B. 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 ▼
277.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944696

Amount of Each Receipt this Period
14.62

C. MARCIE E MOLEK
Full Name (Last, First, Middle Initial)
Mailing Address 400 KEVIN LANE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
641.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944867

Amount of Each Receipt this Period
53.74

SUBTOTAL of Receipts This Page (optional).....▶	82.98
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 123 OF 219
	<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. MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code
GRAYSLAKE IL 60030

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
695.65

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944544

Amount of Each Receipt this Period
53.74

Full Name (Last, First, Middle Initial)
B. JAMES R MOSELEY III III

Mailing Address 1709 Montclair Blvd

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Allstate Insurance Company HR-Client Partner-Field B

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944811

Amount of Each Receipt this Period
16.58

Full Name (Last, First, Middle Initial)
C. JAMES R MOSELEY III III

Mailing Address 1709 Montclair Blvd

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Allstate Insurance Company HR-Client Partner-Field B

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944489

Amount of Each Receipt this Period
16.58

SUBTOTAL of Receipts This Page (optional).....▶	86.90
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 124 OF 219
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. 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 Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 703.39

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944802
 Amount of Each Receipt this Period
 39.27

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 Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 742.66

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944480
 Amount of Each Receipt this Period
 39.27

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 ▼ 778.54

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944855
 Amount of Each Receipt this Period
 43.57

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.11
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 125 OF 219
(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 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 ▼ 822.11

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944532
 Amount of Each Receipt this Period
 43.57

B. MICHAEL A MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1908 N. Silver Lake Road
 City Arlington Heights State IL Zip Code 60004
 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 ▼ 753.93

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944993
 Amount of Each Receipt this Period
 41.99

C. MICHAEL A MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1908 N. Silver Lake Road
 City Arlington Heights State IL Zip Code 60004
 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 ▼ 795.92

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944670
 Amount of Each Receipt this Period
 41.99

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 126 OF 219
	<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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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. DON J MYKETIAK

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 ▼ **264.69**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944899

Amount of Each Receipt this Period

14.82

Full Name (Last, First, Middle Initial)
B. DON J MYKETIAK

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 ▼ **279.51**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944576

Amount of Each Receipt this Period

14.82

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

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 ▼ **1167.44**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944945

Amount of Each Receipt this Period

65.41

SUBTOTAL of Receipts This Page (optional).....▶	95.05
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: (check only one)	PAGE 127 OF 219
	<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. 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 ▼ 1232.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944622
 Amount of Each Receipt this Period
 65.41

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 ▼ 1097.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944995
 Amount of Each Receipt this Period
 61.43

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 ▼ 1159.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944672
 Amount of Each Receipt this Period
 61.43

SUBTOTAL of Receipts This Page (optional).....▶	188.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 219
	<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. THOMAS R NORTON
Full Name (Last, First, Middle Initial)

Mailing Address 1423 PIONEER COURT

City WAUKEGAN	State IL	Zip Code 60085
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.46**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944938

Amount of Each Receipt this Period

31.97

B. THOMAS R NORTON
Full Name (Last, First, Middle Initial)

Mailing Address 1423 PIONEER COURT

City WAUKEGAN	State IL	Zip Code 60085
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **607.43**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944615

Amount of Each Receipt this Period

31.97

C. RICHARD C O'BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 574 S. COUNTRY RIDGE

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.03**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944839

Amount of Each Receipt this Period

21.69

SUBTOTAL of Receipts This Page (optional).....▶	85.63
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 129 OF 219
(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. RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
 LAKE ZURICH IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 409.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944517

Amount of Each Receipt this Period
 21.69

Full Name (Last, First, Middle Initial)
B. 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 ▼
 306.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944921

Amount of Each Receipt this Period
 17.08

Full Name (Last, First, Middle Initial)
C. 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 ▼
 323.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944598

Amount of Each Receipt this Period
 17.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.85

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: (check only one)	PAGE 130 OF 219
<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. MICHAEL P O'SHEA		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 Transaction ID : A2013-3944770
Mailing Address 2505 NEWPORT DRIVE		Amount of Each Receipt this Period 27.47
City NAPERVILLE	State IL	Zip Code 60565
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation FSL - Growth	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.03	

Full Name (Last, First, Middle Initial) B. MICHAEL P O'SHEA		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 Transaction ID : A2013-3944448
Mailing Address 2505 NEWPORT DRIVE		Amount of Each Receipt this Period 27.47
City NAPERVILLE	State IL	Zip Code 60565
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation FSL - Growth	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.50	

Full Name (Last, First, Middle Initial) C. BRIAN G O'SULLIVAN		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 Transaction ID : A2013-3944606
Mailing Address 1609 ONEIDA COURT		Amount of Each Receipt this Period 11.20
City MT PROSPECT	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AFT-Manager-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.51	

SUBTOTAL of Receipts This Page (optional).....▶	66.14
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 131 OF 219
	<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. 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 ▼ 268.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944857
 Amount of Each Receipt this Period
 15.29

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 ▼ 283.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944534
 Amount of Each Receipt this Period
 15.29

C. ROGER D ODLE II
 Full Name (Last, First, Middle Initial)
 Mailing Address 5170 BARCROFT DRIVE
 City HOFFMAN ESTATES State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Prod Ops Sr State Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 836.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944919
 Amount of Each Receipt this Period
 46.84

SUBTOTAL of Receipts This Page (optional).....▶	77.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 219
	<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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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 D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City HOFFMAN ESTATES	State IL	Zip Code 60010
-------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Prod Ops Sr State Mgr
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **883.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944596

Amount of Each Receipt this Period
46.84

Full Name (Last, First, Middle Initial)
B. 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 ▼ **737.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944828

Amount of Each Receipt this Period
41.07

Full Name (Last, First, Middle Initial)
C. 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 ▼ **778.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944506

Amount of Each Receipt this Period
41.07

SUBTOTAL of Receipts This Page (optional).....▶	128.98
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:	PAGE 133 OF 219
	(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

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. PAMELA J OVERTON		Date of Receipt
Mailing Address 23475 W. Newhaven Dr.		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code Hawthorn Woods IL 60047		Transaction ID : A2013-3944822
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="49.30"/>
Name of Employer Allstate Insurance Company	Occupation VP-CLM-Claims Product Lin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="882.00"/>	

Full Name (Last, First, Middle Initial) B. PAMELA J OVERTON		Date of Receipt
Mailing Address 23475 W. Newhaven Dr.		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code Hawthorn Woods IL 60047		Transaction ID : A2013-3944500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="49.30"/>
Name of Employer Allstate Insurance Company	Occupation VP-CLM-Claims Product Lin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="931.30"/>	

Full Name (Last, First, Middle Initial) C. DEAN T PAPPAS		Date of Receipt
Mailing Address 3406 VICEROY COURT		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code EDGEWATER MD 21037		Transaction ID : A2013-3944798
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.25"/>
Name of Employer Allstate Insurance Company	Occupation VP-LGL-Legislative & Regu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="892.71"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="148.85"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 219
	<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. DEAN T PAPPAS
Full Name (Last, First, Middle Initial)

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

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

Name of Employer Occupation
Allstate Insurance Company VP-LGL-Legislative & Regu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
942.96

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944476

Amount of Each Receipt this Period
50.25

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

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
596.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944873

Amount of Each Receipt this Period
33.15

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

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
629.85

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944550

Amount of Each Receipt this Period
33.15

SUBTOTAL of Receipts This Page (optional).....▶ 116.55

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 135 OF 219
	<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. LAURIE PELLOUCHOUD		Date of Receipt
Mailing Address 1447 PLEASANT		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3944940
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period
Occupation VP-PRD-Homeowners		<input type="text" value="44.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="792.58"/>		

Full Name (Last, First, Middle Initial) B. LAURIE PELLOUCHOUD		Date of Receipt
Mailing Address 1447 PLEASANT		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3944617
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period
Occupation VP-PRD-Homeowners		<input type="text" value="44.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="837.08"/>		

Full Name (Last, First, Middle Initial) C. NANCY A PERRY		Date of Receipt
Mailing Address 3575 CALDERWOOD DR		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City ROCKFORD	State IL	Zip Code 61114
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3944917
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period
Occupation HR-Client Partnership-Dir		<input type="text" value="21.43"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="384.75"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110.43"/>
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 136 OF 219
	<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. NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code
ROCKFORD IL 61114

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
406.18

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944594

Amount of Each Receipt this Period
21.43

Full Name (Last, First, Middle Initial)
B. 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 ▼
273.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3945063

Amount of Each Receipt this Period
45.60

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 ▼
319.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944740

Amount of Each Receipt this Period
45.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.63

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 219
	<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. THOMAS S PETERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2756 BRECKENRIDGE LANE

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.51**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945035

Amount of Each Receipt this Period

34.60

B. THOMAS S PETERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2756 BRECKENRIDGE LANE

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **655.11**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944712

Amount of Each Receipt this Period

34.60

C. 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 ▼ **947.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944844

Amount of Each Receipt this Period

40.62

SUBTOTAL of Receipts This Page (optional).....▶	109.82
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: (check only one)	PAGE 138 OF 219
	<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. 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 ▼ 988.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944522
 Amount of Each Receipt this Period
 40.62

B. RICHARD E PORTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20827 36TH PL W
 City LYNNWOOD State WA Zip Code 98036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Staff Claims Service Adju
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944693
 Amount of Each Receipt this Period
 10.67

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-AHA-Territorial SVP W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1093.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944760
 Amount of Each Receipt this Period
 60.58

SUBTOTAL of Receipts This Page (optional).....▶	111.87
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 139 OF 219
(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 J PRENDERGAST

Mailing Address 8262 Arrowleaf Turn

City State Zip Code
Gainesville VA 20155

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

Name of Employer Occupation
Allstate Insurance Company SVP-AHA-Territorial SVP W

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.81**

Date of Receipt
 / /
 09 / 20 / 2013
Transaction ID : A2013-3944438

Amount of Each Receipt this Period
 60.58

Full Name (Last, First, Middle Initial)
B. THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
DEER PARK IL 60010

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 ▼ **474.39**

Date of Receipt
 / /
 09 / 06 / 2013
Transaction ID : A2013-3944942

Amount of Each Receipt this Period
 26.64

Full Name (Last, First, Middle Initial)
C. THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
DEER PARK IL 60010

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 ▼ **501.03**

Date of Receipt
 / /
 09 / 20 / 2013
Transaction ID : A2013-3944619

Amount of Each Receipt this Period
 26.64

SUBTOTAL of Receipts This Page (optional)..... ▶ **113.86**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 219
	<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. MARY J QUINN

Mailing Address **837 S. CHESTNUT AVENUE**

City ARLINGTON HEIGH	State IL	Zip Code 60005
--------------------------------	--------------------	--------------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **806.89**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944967

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)
B. MARY J QUINN

Mailing Address **837 S. CHESTNUT AVENUE**

City ARLINGTON HEIGH	State IL	Zip Code 60005
--------------------------------	--------------------	--------------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **851.89**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944644

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)
C. KEVIN P RICE

Mailing Address **618 Burdick St.**

City LIBERTYVILLE	State IL	Zip Code 60048
-----------------------------	--------------------	--------------------------

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 ▼ **738.54**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944880

Amount of Each Receipt this Period

41.33

SUBTOTAL of Receipts This Page (optional).....▶	131.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 219
	<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. KEVIN P RICE
Full Name (Last, First, Middle Initial)

Mailing Address 618 Burdick St.

City LIBERTYVILLE State IL Zip Code 60048

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 ▼ **779.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944557

Amount of Each Receipt this Period
41.33

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-FSS-Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944884

Amount of Each Receipt this Period
59.01

C. 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-FSS-Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1109.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944561

Amount of Each Receipt this Period
59.01

SUBTOTAL of Receipts This Page (optional).....▶	159.35
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 142 OF 219
	<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. ROGER S ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 2529 Rolling Oaks Drive

City State Zip Code
Palm Harbor FL 34683

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 ▼
457.42

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944817

Amount of Each Receipt this Period
25.60

B. ROGER S ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 2529 Rolling Oaks Drive

City State Zip Code
Palm Harbor FL 34683

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 ▼
483.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944495

Amount of Each Receipt this Period
25.60

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

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 ▼
804.51

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944842

Amount of Each Receipt this Period
44.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.06

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

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

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

FOR LINE NUMBER: PAGE 143 OF 219
(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 C ROHLFING
 Full Name (Last, First, Middle Initial)
 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 ▼
 849.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944520
 Amount of Each Receipt this Period
 44.86

B. ANDREW R ROMERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 BENETO CT
 City State Zip Code
 FOLSOM CA 95630
 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 ▼
 332.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945011
 Amount of Each Receipt this Period
 18.62

C. ANDREW R ROMERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 BENETO CT
 City State Zip Code
 FOLSOM CA 95630
 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 ▼
 351.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944688
 Amount of Each Receipt this Period
 18.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.10
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 144 OF 219
(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 B Rosseau

Mailing Address 10 N. Sycamore Avenue

City Aldan State PA Zip Code 19018

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

Name of Employer Allstate Insurance Company Occupation VP-EB-Affinity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1112.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3945055

Amount of Each Receipt this Period
62.40

Full Name (Last, First, Middle Initial)
B. James B Rosseau

Mailing Address 10 N. Sycamore Avenue

City Aldan State PA Zip Code 19018

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

Name of Employer Allstate Insurance Company Occupation VP-EB-Affinity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1174.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944732

Amount of Each Receipt this Period
62.40

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

Mailing Address 3371 VENARD RD.

City DOWNERS GROVE State IL Zip Code 60515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **755.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944918

Amount of Each Receipt this Period
42.28

SUBTOTAL of Receipts This Page (optional)..... ▶ **167.08**

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 145 OF 219
(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 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 ▼ **797.78**

Date of Receipt **09 / 20 / 2013**
Transaction ID : A2013-3944595
 Amount of Each Receipt this Period **42.28**

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 ▼ **264.37**

Date of Receipt **09 / 06 / 2013**
Transaction ID : A2013-3945001
 Amount of Each Receipt this Period **14.76**

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 ▼ **279.13**

Date of Receipt **09 / 20 / 2013**
Transaction ID : A2013-3944678
 Amount of Each Receipt this Period **14.76**

SUBTOTAL of Receipts This Page (optional)..... **71.80**
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 146 OF 219
(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. CASSANDRA C RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 37194 N Dillon Ct
 City State Zip Code
 Lake Villa IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims Senior Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 283.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944983
 Amount of Each Receipt this Period
 15.85

B. CASSANDRA C RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 37194 N Dillon Ct
 City State Zip Code
 Lake Villa IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims Senior Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 299.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944660
 Amount of Each Receipt this Period
 15.85

C. DOREEN M RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 ALSTON COURT
 City State Zip Code
 RED BANK NJ 07701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Managing Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 421.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944782
 Amount of Each Receipt this Period
 23.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.15
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 147 OF 219
(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. DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
 RED BANK NJ 07701

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

Name of Employer Occupation
 Allstate Insurance Company Managing Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 444.52

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944460

Amount of Each Receipt this Period
 23.45

Full Name (Last, First, Middle Initial)
B. 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 ▼
 800.64

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3944840

Amount of Each Receipt this Period
 44.70

Full Name (Last, First, Middle Initial)
C. 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 ▼
 845.34

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944518

Amount of Each Receipt this Period
 44.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.85

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: (check only one)	PAGE 148 OF 219
	<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. Donald D Sands
Full Name (Last, First, Middle Initial)
Mailing Address 321 North Brainard Avenue

City Lagrange Park	State IL	Zip Code 60526
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AHA-Strategic Operations-
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **982.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945048

Amount of Each Receipt this Period

55.38

B. Donald D Sands
Full Name (Last, First, Middle Initial)
Mailing Address 321 North Brainard Avenue

City Lagrange Park	State IL	Zip Code 60526
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AHA-Strategic Operations-
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1037.74**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944725

Amount of Each Receipt this Period

55.38

C. PATRICK J SARB
Full Name (Last, First, Middle Initial)
Mailing Address 4517 WAUBANSIE LANE

City LISLE	State IL	Zip Code 60532
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Real Estate and Facilitie
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **272.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944960

Amount of Each Receipt this Period

15.27

SUBTOTAL of Receipts This Page (optional).....▶	126.03
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 149 OF 219
(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

Full Name (Last, First, Middle Initial)
A. PATRICK J SARB

Mailing Address **4517 WAUBANSIE LANE**

City LISLE	State IL	Zip Code 60532
----------------------	--------------------	--------------------------

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

Name of Employer Allstate Insurance Company	Occupation Real Estate and Facilitie
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944637

Amount of Each Receipt this Period

4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0	
											15.27					

Full Name (Last, First, Middle Initial)
B. KAREN M SCHECHT

Mailing Address **754 Pinellas Bayway S**

City Tierra Verde	State FL	Zip Code 33715
-----------------------------	--------------------	--------------------------

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

Name of Employer Allstate Insurance Company	Occupation Claim-Sr Claim Field Dire
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944886

Amount of Each Receipt this Period

4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0	
											16.16					

Full Name (Last, First, Middle Initial)
C. KAREN M SCHECHT

Mailing Address **754 Pinellas Bayway S**

City Tierra Verde	State FL	Zip Code 33715
-----------------------------	--------------------	--------------------------

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

Name of Employer Allstate Insurance Company	Occupation Claim-Sr Claim Field Dire
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.07**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944563

Amount of Each Receipt this Period

4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0	
											16.16					

SUBTOTAL of Receipts This Page (optional).....▶	47.59
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 150 OF 219
	<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. PATRICK J SCHNEIDER		Date of Receipt
Mailing Address 210 NORTH TRAIL		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code HAWTHORN WOODS IL 60047		Transaction ID : A2013-3944922
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="36.54"/>
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 ▼ <input type="text" value="652.95"/>	

Full Name (Last, First, Middle Initial) B. PATRICK J SCHNEIDER		Date of Receipt
Mailing Address 210 NORTH TRAIL		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code HAWTHORN WOODS IL 60047		Transaction ID : A2013-3944599
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="36.54"/>
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 ▼ <input type="text" value="689.49"/>	

Full Name (Last, First, Middle Initial) C. STEPHEN E SCHOLL		Date of Receipt
Mailing Address 7 COPPERFIELD DRIVE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code HAWTHORN WOODS IL 60047		Transaction ID : A2013-3944785
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="58.91"/>
Name of Employer Allstate Insurance Company	Occupation VP-HR-HR Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1055.20"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="131.99"/>
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 151 OF 219
(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 E SCHOLL
 Mailing Address 7 COPPERFIELD DRIVE
 City State Zip Code
 HAWTHORN WOODS IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-HR-HR Business Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1114.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944463
 Amount of Each Receipt this Period
 58.91

Full Name (Last, First, Middle Initial)
B. DALE J SCHUELLER
 Mailing Address 25 Scarlet Oak Rd
 City State Zip Code
 Flemington NJ 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Sales Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944999
 Amount of Each Receipt this Period
 21.11

Full Name (Last, First, Middle Initial)
C. DALE J SCHUELLER
 Mailing Address 25 Scarlet Oak Rd
 City State Zip Code
 Flemington NJ 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Sales Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 399.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944676
 Amount of Each Receipt this Period
 21.11

SUBTOTAL of Receipts This Page (optional)..... ► 101.13
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 152 OF 219
(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. Shayna M Schulz

Mailing Address 1523 Sheridan Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Allstate Insurance Company Occupation VP-MRK-Customer Contact C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3945049

Amount of Each Receipt this Period
16.15

Full Name (Last, First, Middle Initial)
B. Shayna M Schulz

Mailing Address 1523 Sheridan Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Allstate Insurance Company Occupation VP-MRK-Customer Contact C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944726

Amount of Each Receipt this Period
16.15

Full Name (Last, First, Middle Initial)
C. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City CHICAGO State IL Zip Code 60631

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

Name of Employer Allstate Insurance Company Occupation VP-INV-Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944883

Amount of Each Receipt this Period
54.20

SUBTOTAL of Receipts This Page (optional)..... ▶ **86.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 219
	<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. PAUL SCHUTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 N. NORMANDY
 City CHICAGO State IL Zip Code 60631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-INV-Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1029.80

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944560
 Amount of Each Receipt this Period
 54.20

B. 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 ▼ 955.21

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3944975
 Amount of Each Receipt this Period
 53.20

C. 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 ▼ 1008.41

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944652
 Amount of Each Receipt this Period
 53.20

SUBTOTAL of Receipts This Page (optional).....▶	160.60
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: PAGE 154 OF 219
(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. ALBERT SCHWARZHAUPT
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Doral Drive
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sr. Sales Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 319.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944768
 Amount of Each Receipt this Period
 17.84

B. ALBERT SCHWARZHAUPT
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Doral Drive
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sr. Sales Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 337.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944446
 Amount of Each Receipt this Period
 17.84

C. STACY Y SHARPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 E Street NW #649
 City State Zip Code
 Washington DC 20004
 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 ▼
 860.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944913
 Amount of Each Receipt this Period
 48.13

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.81
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 155 OF 219
	<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. STACY Y SHARPE
Full Name (Last, First, Middle Initial)

Mailing Address 616 E Street NW #649

City Washington State DC Zip Code 20004

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 ▼ **908.17**

Date of Receipt **09 / 20 / 2013**

Transaction ID : A2013-3944590

Amount of Each Receipt this Period **48.13**

B. STEVEN E SHEBIK
Full Name (Last, First, Middle Initial)

Mailing Address 517 ROBINWOOD LANE

City WHEATON State IL Zip Code 60189

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

Name of Employer Allstate Insurance Company Occupation SMT-FSS-Chief Financial O

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2492.28**

Date of Receipt **09 / 06 / 2013**

Transaction ID : A2013-3944890

Amount of Each Receipt this Period **138.46**

C. STEVEN E SHEBIK
Full Name (Last, First, Middle Initial)

Mailing Address 517 ROBINWOOD LANE

City WHEATON State IL Zip Code 60189

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

Name of Employer Allstate Insurance Company Occupation SMT-FSS-Chief Financial O

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2630.74**

Date of Receipt **09 / 20 / 2013**

Transaction ID : A2013-3944567

Amount of Each Receipt this Period **138.46**

SUBTOTAL of Receipts This Page (optional)..... **325.05**

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 156 OF 219
(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. STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
 HIGHLAND PARK IL 60035

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 ▼
 385.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944836

Amount of Each Receipt this Period
 21.52

Full Name (Last, First, Middle Initial)
B. STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
 HIGHLAND PARK IL 60035

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 ▼
 406.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944514

Amount of Each Receipt this Period
 21.52

Full Name (Last, First, Middle Initial)
C. ADAM R SHORES

Mailing Address 157 Station Park Circle

City State Zip Code
 Grayslake IL 60030

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 ▼
 487.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945030

Amount of Each Receipt this Period
 27.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.96

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: (check only one)	PAGE 157 OF 219
	<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. ADAM R SHORES

Mailing Address 157 Station Park Circle

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **515.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944707

Amount of Each Receipt this Period
27.92

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

Mailing Address 5200 RIDGEGATE WAY

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **424.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944957

Amount of Each Receipt this Period
23.71

Full Name (Last, First, Middle Initial)
C. DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **448.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944634

Amount of Each Receipt this Period
23.71

SUBTOTAL of Receipts This Page (optional).....▶	75.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 219
<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. JAVIER SILVA
Full Name (Last, First, Middle Initial)
Mailing Address 3549 N. OZANAM

City CHICAGO	State IL	Zip Code 60634
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Operations Divisio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.26	

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3944852

Amount of Each Receipt this Period
12.93

B. JAVIER SILVA
Full Name (Last, First, Middle Initial)
Mailing Address 3549 N. OZANAM

City CHICAGO	State IL	Zip Code 60634
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Operations Divisio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.19	

Date of Receipt
09 / 20 / 2013
Transaction ID : A2013-3944529

Amount of Each Receipt this Period
12.93

C. ROBERT L SIMMONS
Full Name (Last, First, Middle Initial)
Mailing Address 1146 39th Ave NE

City St Petersburg	State FL	Zip Code 33703
FEC ID number of contributing federal political committee. C		
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 ▼ 637.02	

Date of Receipt
09 / 06 / 2013
Transaction ID : A2013-3944777

Amount of Each Receipt this Period
35.65

SUBTOTAL of Receipts This Page (optional).....	61.51
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 159 OF 219
(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 L SIMMONS

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 ▼
 672.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944455

Amount of Each Receipt this Period
 35.65

Full Name (Last, First, Middle Initial)
B. 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 ▼
 750.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945008

Amount of Each Receipt this Period
 41.84

Full Name (Last, First, Middle Initial)
C. 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 ▼
 792.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944685

Amount of Each Receipt this Period
 41.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.33

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 160 OF 219
(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 G SINICKI

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 Compliance Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944821

Amount of Each Receipt this Period
12.22

Full Name (Last, First, Middle Initial)
B. JOHN G SINICKI

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 Compliance Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944499

Amount of Each Receipt this Period
12.22

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

Mailing Address 650 Rochelle Terrace

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Occupation
Allstate Insurance Company Risk Management Senior Di

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
722.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944906

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 54.86

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

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

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

FOR LINE NUMBER: PAGE 161 OF 219
(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. KIMBERLY J SLOANE
 Mailing Address 650 Rochelle Terrace
 City State Zip Code
 LOMBARD IL 60148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Risk Management Senior Di
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 752.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944583
 Amount of Each Receipt this Period
 30.42

Full Name (Last, First, Middle Initial)
B. 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 Support Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 290.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944746
 Amount of Each Receipt this Period
 16.23

Full Name (Last, First, Middle Initial)
C. 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 Support Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 306.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944424
 Amount of Each Receipt this Period
 16.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.88
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 162 OF 219
	(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. CHARLES M SMITH
Full Name (Last, First, Middle Initial)
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 ▼
663.16

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944978
Amount of Each Receipt this Period
36.98

B. CHARLES M SMITH
Full Name (Last, First, Middle Initial)
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 ▼
700.14

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944655
Amount of Each Receipt this Period
36.98

C. KATHERINE A SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 231 KAINER AVENUE
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 ▼
328.81

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944891
Amount of Each Receipt this Period
18.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.47
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 219
	<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. 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 ▼ **347.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944568

Amount of Each Receipt this Period
18.51

B. 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 Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944915

Amount of Each Receipt this Period
13.59

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 Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944592

Amount of Each Receipt this Period
17.80

SUBTOTAL of Receipts This Page (optional)..... **49.90**

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 164 OF 219
	<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. RICHARD J SMITH Jr.		Date of Receipt
Mailing Address 597 TREETOP LANE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944985
GURNEE	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="23.10"/>
Name of Employer	Occupation	
Allstate Insurance Company	VP-PRD-Product Vice Presi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="410.49"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RICHARD J SMITH Jr.		Date of Receipt
Mailing Address 597 TREETOP LANE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944662
GURNEE	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="23.10"/>
Name of Employer	Occupation	
Allstate Insurance Company	VP-PRD-Product Vice Presi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="433.59"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEVEN P SORENSON		Date of Receipt
Mailing Address 20712 High Ridge Dr		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-3944969
KILDEER	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="91.19"/>
Name of Employer	Occupation	
Allstate Insurance Company	EVP-PRD-Product Operation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1631.38"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="137.39"/>
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 165 OF 219
	<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 P SORENSON		Date of Receipt
Mailing Address 20712 High Ridge Dr		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
KILDEER	IL	60047
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944646
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	EVP-PRD-Product Operation	<input type="text" value="91.19"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1722.57"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KEVIN A SPATARO		Date of Receipt
Mailing Address 1663 SARATOGA LANE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
GLENVIEW	IL	60026
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944936
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	SVP-FSS-Accounting Resear	<input type="text" value="38.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="690.84"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KEVIN A SPATARO		Date of Receipt
Mailing Address 1663 SARATOGA LANE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
GLENVIEW	IL	60026
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3944613
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	SVP-FSS-Accounting Resear	<input type="text" value="38.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="729.51"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="168.53"/>
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 166 OF 219
(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. EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company HR-Sales Comp-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944796

Amount of Each Receipt this Period
40.42

Full Name (Last, First, Middle Initial)
B. EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company HR-Sales Comp-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
766.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944474

Amount of Each Receipt this Period
40.42

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 Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
514.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944954

Amount of Each Receipt this Period
28.88

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.72

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 167 OF 219
	(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

Full Name (Last, First, Middle Initial)
A. 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 Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
543.72

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944631

Amount of Each Receipt this Period
28.88

Full Name (Last, First, Middle Initial)
B. JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company VP-LGL-Specialty Operatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.93

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3944931

Amount of Each Receipt this Period
29.27

Full Name (Last, First, Middle Initial)
C. JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company VP-LGL-Specialty Operatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
554.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3944608

Amount of Each Receipt this Period
29.27

SUBTOTAL of Receipts This Page (optional)..... **87.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 168 OF 219
	(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

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-AF-Technology
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1078.16

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2013

Transaction ID : A2013-3944831

Amount of Each Receipt this Period
60.48

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-AF-Technology
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1138.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2013

Transaction ID : A2013-3944509

Amount of Each Receipt this Period
60.48

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 ▼
783.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2013

Transaction ID : A2013-3944819

Amount of Each Receipt this Period
43.77

SUBTOTAL of Receipts This Page (optional).....	164.73
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 169 OF 219
<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. GARY S STERE		Date of Receipt
Mailing Address 2015 SELVA MADERA COURT		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City ATLANTIC BEACH State FL Zip Code 32233		Transaction ID : A2013-3944497
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company Occupation Corporate Counsel		<input type="text" value="43.77"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="827.76"/>	

Full Name (Last, First, Middle Initial) B. MYRON E STOUFFER		Date of Receipt
Mailing Address P.O. Box 533		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City LIBERTYVILLE State IL Zip Code 60048		Transaction ID : A2013-3944815
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company Occupation SVP-PRD-Product Line Mana		<input type="text" value="30.78"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="546.21"/>	

Full Name (Last, First, Middle Initial) C. MYRON E STOUFFER		Date of Receipt
Mailing Address P.O. Box 533		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City LIBERTYVILLE State IL Zip Code 60048		Transaction ID : A2013-3944493
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company Occupation SVP-PRD-Product Line Mana		<input type="text" value="30.78"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="576.99"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.33"/>
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 170 OF 219
	<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. 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 ▼ **247.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944771

Amount of Each Receipt this Period
13.87

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 ▼ **261.73**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944449

Amount of Each Receipt this Period
13.87

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 ▼ **1124.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944847

Amount of Each Receipt this Period
62.92

SUBTOTAL of Receipts This Page (optional).....▶	90.66
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 171 OF 219
(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 ▼
 1187.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944524

Amount of Each Receipt this Period
 62.92

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 Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 328.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944854

Amount of Each Receipt this Period
 20.21

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 Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 349.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944531

Amount of Each Receipt this Period
 20.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 219
	<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 A TARVER
Full Name (Last, First, Middle Initial)
Mailing Address 2495 EMERALD LANE

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

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

Name of Employer Allstate Insurance Company	Occupation VP-LGL-Corporate Security
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
453.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944776

Amount of Each Receipt this Period
25.33

B. BENJAMIN A TARVER
Full Name (Last, First, Middle Initial)
Mailing Address 2495 EMERALD LANE

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

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

Name of Employer Allstate Insurance Company	Occupation VP-LGL-Corporate Security
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
478.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944454

Amount of Each Receipt this Period
25.33

C. 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 ▼
345.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944988

Amount of Each Receipt this Period
19.32

SUBTOTAL of Receipts This Page (optional).....▶	69.98
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:	PAGE 173 OF 219
	(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. SEAN D THAKUR
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 N. Chruuch 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 ▼ 364.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944665
 Amount of Each Receipt this Period
 19.32

B. 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 Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945042
 Amount of Each Receipt this Period
 14.15

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 Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944719
 Amount of Each Receipt this Period
 14.15

SUBTOTAL of Receipts This Page (optional).....▶	47.62
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 175 OF 219
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. GERALYN A THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6906 S. BENNETT
 City State Zip Code
 CHICAGO IL 60649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Sr Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
627.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944551
 Amount of Each Receipt this Period
33.24

B. MARK L THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3233 N RACINE #2
 City State Zip Code
 CHICAGO IL 60657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Encompass
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
596.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3945000
 Amount of Each Receipt this Period
47.57

C. MARK L THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3233 N RACINE #2
 City State Zip Code
 CHICAGO IL 60657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Encompass
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
644.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944677
 Amount of Each Receipt this Period
47.57

SUBTOTAL of Receipts This Page (optional)..... ► **128.38**
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: (check only one)	PAGE 176 OF 219
	<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. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **905.58**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944810

Amount of Each Receipt this Period

50.68

B. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **956.26**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944888

Amount of Each Receipt this Period

50.68

C. ROBERT E TRANSON
Full Name (Last, First, Middle Initial)
Mailing Address 2644 N DOUGLAS

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

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

Name of Employer Allstate Insurance Company	Occupation VP-AF-Life Product
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.42**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944881

Amount of Each Receipt this Period

31.49

SUBTOTAL of Receipts This Page (optional).....▶	132.85
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 177 OF 219
(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 E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company VP-AF-Life Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **596.91**

Date of Receipt
 / /
 09 / 20 / 2013
Transaction ID : A2013-3944558

Amount of Each Receipt this Period
 31.49

Full Name (Last, First, Middle Initial)
B. MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Occupation
Allstate Insurance Company VP-SAL-Sales Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **975.20**

Date of Receipt
 / /
 09 / 06 / 2013
Transaction ID : A2013-3944984

Amount of Each Receipt this Period
 54.51

Full Name (Last, First, Middle Initial)
C. MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Occupation
Allstate Insurance Company VP-SAL-Sales Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1029.71**

Date of Receipt
 / /
 09 / 20 / 2013
Transaction ID : A2013-3944661

Amount of Each Receipt this Period
 54.51

SUBTOTAL of Receipts This Page (optional)..... ▶ **140.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 219
	<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. RICHARD D TURANO		Date of Receipt
Mailing Address 4960 S CHESTER ST		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
ENGLEWOOD	CO	80111
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3944763
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period
Occupation Corporate Counsel		<input type="text" value="21.70"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="387.31"/>	

Full Name (Last, First, Middle Initial) B. RICHARD D TURANO		Date of Receipt
Mailing Address 4960 S CHESTER ST		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
ENGLEWOOD	CO	80111
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3944441
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period
Occupation Corporate Counsel		<input type="text" value="21.70"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="409.01"/>	

Full Name (Last, First, Middle Initial) C. THOMAS P TUZAK		Date of Receipt
Mailing Address 443 HUNTINGTON LANE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
ELMHURST	IL	60126
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3944892
Name of Employer Allstate Insurance Company		Amount of Each Receipt this Period
Occupation Frontline Process Expert		<input type="text" value="11.44"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="204.52"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="54.84"/>
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 179 OF 219
	(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

Full Name (Last, First, Middle Initial)
A. THOMAS P TUZAK

Mailing Address 443 HUNTINGTON LANE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Occupation
Allstate Insurance Company Frontline Process Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.96

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944569

Amount of Each Receipt this Period
11.44

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

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

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

Name of Employer Occupation
Allstate Insurance Company SVP-LGL-Government & Indu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1144.44

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944887

Amount of Each Receipt this Period
63.97

Full Name (Last, First, Middle Initial)
C. WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

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

Name of Employer Occupation
Allstate Insurance Company SVP-LGL-Government & Indu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1208.41

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944564

Amount of Each Receipt this Period
63.97

SUBTOTAL of Receipts This Page (optional).....▶	139.38
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 180 OF 219
(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 ▼
 308.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944895
 Amount of Each Receipt this Period
 17.27

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 ▼
 326.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944572
 Amount of Each Receipt this Period
 17.27

C. WILLIAM P VANDERBORG
 Full Name (Last, First, Middle Initial)
 Mailing Address 21621 W Wilmar Ave
 City State Zip Code
 Grayslake IL 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims Senior Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 609.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944846
 Amount of Each Receipt this Period
 17.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.99
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 181 OF 219
(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. PATRICIA C VANLAMMEREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Birchwood Avenue
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-Customer Exp & Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1257.57

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945007
 Amount of Each Receipt this Period
 70.38

B. PATRICIA C VANLAMMEREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Birchwood Avenue
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-Customer Exp & Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1327.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944684
 Amount of Each Receipt this Period
 70.38

C. RICHARD VAVRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2514 S WESLEY AVENUE
 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 ▼ 786.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944841
 Amount of Each Receipt this Period
 43.89

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.65
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 182 OF 219
	<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. RICHARD VAVRA
Full Name (Last, First, Middle Initial)

Mailing Address 2514 S WESLEY AVENUE

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 ▼ **830.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944519

Amount of Each Receipt this Period
43.89

B. STEVEN C VERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 37144 FOX HILL DR

City WADSWORTH State IL Zip Code 60083

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

Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2511.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944772

Amount of Each Receipt this Period
140.38

C. STEVEN C VERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 37144 FOX HILL DR

City WADSWORTH State IL Zip Code 60083

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

Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2652.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944450

Amount of Each Receipt this Period
140.38

SUBTOTAL of Receipts This Page (optional)..... ▶ **324.65**

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 183 OF 219
(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 VITALE JR Jr.

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 ▼ **303.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944793

Amount of Each Receipt this Period
17.05

Full Name (Last, First, Middle Initial)
B. MICHAEL F VITALE JR Jr.

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 ▼ **320.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944471

Amount of Each Receipt this Period
17.05

Full Name (Last, First, Middle Initial)
C. James M Vogel

Mailing Address 510 Mawman Ave

City Lake Bluff State IL Zip Code 60044

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 ▼ **298.21**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945047

Amount of Each Receipt this Period
16.65

SUBTOTAL of Receipts This Page (optional)..... ▶ **50.75**

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 184 OF 219
(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 M Vogel

Mailing Address 510 Mawman Ave

City State Zip Code
 Lake Bluff IL 60044

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **314.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944724

Amount of Each Receipt this Period
16.65

Full Name (Last, First, Middle Initial)
B. EDWIN L WASINGER JR Jr.

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company AHA-Strategic Operations-

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **365.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944941

Amount of Each Receipt this Period
20.53

Full Name (Last, First, Middle Initial)
C. EDWIN L WASINGER JR Jr.

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company AHA-Strategic Operations-

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **386.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944618

Amount of Each Receipt this Period
20.53

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.71**

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 185 OF 219
(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 Wasserman

Mailing Address 1N165 Partridge Dr

City State Zip Code
 Wheaton IL 60188

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

Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-eBusiness & Direc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1256.58

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3945044

Amount of Each Receipt this Period
 70.28

Full Name (Last, First, Middle Initial)
B. Robert Wasserman

Mailing Address 1N165 Partridge Dr

City State Zip Code
 Wheaton IL 60188

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

Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-eBusiness & Direc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1326.86

Date of Receipt
 09 / 20 / 2013
Transaction ID : A2013-3944721

Amount of Each Receipt this Period
 70.28

Full Name (Last, First, Middle Initial)
C. LEWIS C WEBB II

Mailing Address 293 Mayo Rd

City State Zip Code
 edgewater MD 21037

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 ▼
 290.18

Date of Receipt
 09 / 06 / 2013
Transaction ID : A2013-3945028

Amount of Each Receipt this Period
 17.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.10

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

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

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

FOR LINE NUMBER: PAGE 186 OF 219
(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. LEWIS C WEBB II
 Full Name (Last, First, Middle Initial)
 Mailing Address 293 Mayo Rd
 City edgewater State MD Zip Code 21037
 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 ▼ 307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944705
 Amount of Each Receipt this Period
 17.54

B. LESLEY R WEBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3056 W. Sunnyside #1
 City CHICAGO State IL Zip Code 60625
 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 ▼ 305.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944962
 Amount of Each Receipt this Period
 33.70

C. LESLEY R WEBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3056 W. Sunnyside #1
 City CHICAGO State IL Zip Code 60625
 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 ▼ 339.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944639
 Amount of Each Receipt this Period
 33.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.94
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 187 OF 219
(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. BRET D WEHRLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2079 POWHATAN TRAIL
 City Richmond State KY Zip Code 40475
 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 ▼ 245.97

Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3945006
 Amount of Each Receipt this Period 13.73

B. BRET D WEHRLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2079 POWHATAN TRAIL
 City Richmond State KY Zip Code 40475
 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 ▼ 259.70

Date of Receipt 09 / 20 / 2013
Transaction ID : A2013-3944683
 Amount of Each Receipt this Period 13.73

C. 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 ▼ 209.21

Date of Receipt 09 / 06 / 2013
Transaction ID : A2013-3944780
 Amount of Each Receipt this Period 11.68

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.14
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 188 OF 219
(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. JEROME WHITE

Mailing Address 5081 OVERLOOK DR.

City State Zip Code
ROSWELL GA 30075

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 ▼
220.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944458

Amount of Each Receipt this Period
11.68

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

Mailing Address 47 Park View Ln

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
652.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944991

Amount of Each Receipt this Period
36.43

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

Mailing Address 47 Park View Ln

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
688.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944668

Amount of Each Receipt this Period
36.43

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.54

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 189 OF 219
	<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. CYNTHIA A WHITFIELD
Full Name (Last, First, Middle Initial)
Mailing Address 298 Keswick Grove Lane

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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 ▼ **431.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944775

Amount of Each Receipt this Period

24.81

B. CYNTHIA A WHITFIELD
Full Name (Last, First, Middle Initial)
Mailing Address 298 Keswick Grove Lane

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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 ▼ **456.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944453

Amount of Each Receipt this Period

24.81

C. GENE T WHOLF
Full Name (Last, First, Middle Initial)
Mailing Address 847 INTERLAKEN DR.

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3945013

Amount of Each Receipt this Period

12.70

SUBTOTAL of Receipts This Page (optional).....▶	62.32
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 190 OF 219
(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 847 INTERLAKEN DR.
 City LAKE ZURICH State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944690
 Amount of Each Receipt this Period
 12.70

Full Name (Last, First, Middle Initial)
B. ROBERT N WHOLF
 Mailing Address 847 INTERLAKEN DRIVE
 City LAKE ZURICH State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Emerging Business Operati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944830
 Amount of Each Receipt this Period
 23.36

Full Name (Last, First, Middle Initial)
C. ROBERT N WHOLF
 Mailing Address 847 INTERLAKEN DRIVE
 City LAKE ZURICH State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Emerging Business Operati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 441.68

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944508
 Amount of Each Receipt this Period
 23.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.42
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 191 OF 219
(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 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 Risk Mgmt-NCS Product Sr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 763.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944856

Amount of Each Receipt this Period
 42.69

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 Risk Mgmt-NCS Product Sr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 805.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944533

Amount of Each Receipt this Period
 42.69

Full Name (Last, First, Middle Initial)
C. JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City State Zip Code
 Sandy UT 84092

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

Name of Employer Occupation
 Allstate Insurance Company Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 473.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944812

Amount of Each Receipt this Period
 26.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.88

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 192 OF 219
(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 L WILLCOX

Mailing Address 1562 Sienna Oak Court

City State Zip Code
 Sandy UT 84092

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

Name of Employer Occupation
 Allstate Insurance Company Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944490

Amount of Each Receipt this Period
 26.50

Full Name (Last, First, Middle Initial)
B. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code
 CLARKSVILLE MD 21029

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 801.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944875

Amount of Each Receipt this Period
 44.85

Full Name (Last, First, Middle Initial)
C. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code
 CLARKSVILLE MD 21029

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 846.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944552

Amount of Each Receipt this Period
 44.85

SUBTOTAL of Receipts This Page (optional)..... ▶ **116.20**

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 193 OF 219
(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. 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 ▼ 4569.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944964
 Amount of Each Receipt this Period
 253.85

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 ▼ 4823.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944641
 Amount of Each Receipt this Period
 253.85

C. KURT L WINTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1403 N. WALNUT
 City ARLINGTON HGHTS State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-MRK-Regional Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 383.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945029
 Amount of Each Receipt this Period
 21.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 529.17
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 194 OF 219
	(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

Full Name (Last, First, Middle Initial) A. KURT L WINTER		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 Transaction ID : A2013-3944706
Mailing Address 1403 N. WALNUT		Amount of Each Receipt this Period 21.47
City ARLINGTON HGHTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 404.92	
Name of Employer Allstate Insurance Company	Occupation VP-MRK-Regional Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew E Winter		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 Transaction ID : A2013-3945050
Mailing Address 70 Ferncliff Drive		Amount of Each Receipt this Period 173.08
City West Hartford	State CT	Zip Code 06117
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3262.54	
Name of Employer Allstate Insurance Company	Occupation EVP-PC-Pres Auto Home &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matthew E Winter		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 Transaction ID : A2013-3944727
Mailing Address 70 Ferncliff Drive		Amount of Each Receipt this Period 173.08
City West Hartford	State CT	Zip Code 06117
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3435.62	
Name of Employer Allstate Insurance Company	Occupation EVP-PC-Pres Auto Home &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	367.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 219
	<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. RONALD W WINTER
Full Name (Last, First, Middle Initial)

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 ▼ **371.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944935

Amount of Each Receipt this Period

20.81

B. RONALD W WINTER
Full Name (Last, First, Middle Initial)

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 ▼ **392.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944612

Amount of Each Receipt this Period

20.81

C. RICHARD R WISNIEWSKI
Full Name (Last, First, Middle Initial)

Mailing Address 1233 BEDFORD

City PALATINE	State IL	Zip Code 60067
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Senior State Filing Manag
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.57**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944869

Amount of Each Receipt this Period

17.45

SUBTOTAL of Receipts This Page (optional).....▶	59.07
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: (check only one)	PAGE 196 OF 219
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RICHARD R WISNIEWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1233 BEDFORD
 City PALATINE State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior State Filing Manag
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944546
 Amount of Each Receipt this Period
 17.45

B. BRUCE A WOIKE
 Full Name (Last, First, Middle Initial)
 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 ▼ 403.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944932
 Amount of Each Receipt this Period
 22.50

C. BRUCE A WOIKE
 Full Name (Last, First, Middle Initial)
 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 ▼ 425.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944609
 Amount of Each Receipt this Period
 22.50

SUBTOTAL of Receipts This Page (optional).....▶	62.45
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 197 OF 219
	<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. ANGELA K WOIROL
Full Name (Last, First, Middle Initial)

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 Claims Field Director
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **726.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944992

Amount of Each Receipt this Period

40.70

B. ANGELA K WOIROL
Full Name (Last, First, Middle Initial)

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 Claims Field Director
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **767.58**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3944669

Amount of Each Receipt this Period

40.70

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

Mailing Address 7 WELLESLEY COURT

City HAWTHORN WOODS	State IL	Zip Code 60047
------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Operations Department Man
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3944774

Amount of Each Receipt this Period

17.48

SUBTOTAL of Receipts This Page (optional).....▶	98.88
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: (check only one)	PAGE 198 OF 219
	<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. MATTHEW WOJTASZEK
 Full Name (Last, First, Middle Initial)
 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 ▼
 330.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944452
 Amount of Each Receipt this Period
 17.48

B. DAVID E WOOLWINE
 Full Name (Last, First, Middle Initial)
 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 ▼
 382.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944804
 Amount of Each Receipt this Period
 20.35

C. DAVID E WOOLWINE
 Full Name (Last, First, Middle Initial)
 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 ▼
 403.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944482
 Amount of Each Receipt this Period
 20.35

SUBTOTAL of Receipts This Page (optional).....▶	58.18
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 199 OF 219
(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. DONALD F WYATT JR Jr.
 Mailing Address 811 DRESSER DR.
 City State Zip Code
 MT PROSPECT IL 60056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 685.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944859
 Amount of Each Receipt this Period
 38.10

Full Name (Last, First, Middle Initial)
B. DONALD F WYATT JR Jr.
 Mailing Address 811 DRESSER DR.
 City State Zip Code
 MT PROSPECT IL 60056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 723.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944536
 Amount of Each Receipt this Period
 38.10

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-AP-Chief Data Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1110.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944905
 Amount of Each Receipt this Period
 62.31

SUBTOTAL of Receipts This Page (optional)..... ▶ **138.51**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 219
	<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. FLOYD M YAGER		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 Transaction ID : A2013-3944582
Mailing Address 1610 BIRCH LANE		Amount of Each Receipt this Period 62.31
City PARK RIDGE	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-AP-Chief Data Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1172.55	

Full Name (Last, First, Middle Initial) B. LORI J YELVINGTON		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 Transaction ID : A2013-3944910
Mailing Address 1531 N HIGHLAND AVE		Amount of Each Receipt this Period 60.99
City ARLINGTON HGTS.	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-PF-Regional Chief Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.12	

Full Name (Last, First, Middle Initial) C. LORI J YELVINGTON		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 Transaction ID : A2013-3944587
Mailing Address 1531 N HIGHLAND AVE		Amount of Each Receipt this Period 60.99
City ARLINGTON HGTS.	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-PF-Regional Chief Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1152.11	

SUBTOTAL of Receipts This Page (optional).....▶	184.29
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 201 OF 219
(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. PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
 BUFFALO GROVE IL 60089

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

Name of Employer Occupation
 Allstate Insurance Company Director of Flight Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944877

Amount of Each Receipt this Period
 21.79

Full Name (Last, First, Middle Initial)
B. PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
 BUFFALO GROVE IL 60089

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

Name of Employer Occupation
 Allstate Insurance Company Director of Flight Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 412.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944554

Amount of Each Receipt this Period
 21.79

Full Name (Last, First, Middle Initial)
C. 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 ▼
 767.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944902

Amount of Each Receipt this Period
 42.77

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.35

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 202 OF 219
	<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. 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 ▼
810.24

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944579

Amount of Each Receipt this Period
42.77

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 ▼
378.13

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : A2013-3944950

Amount of Each Receipt this Period
21.16

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 ▼
399.29

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013
Transaction ID : A2013-3944627

Amount of Each Receipt this Period
21.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.09

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 203 OF 219
	<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. GERALD L ZIMMERMAN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2584 Sutton Lane
 City AURORA State IL Zip Code 60502
 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 ▼ 1337.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3944973
 Amount of Each Receipt this Period
 74.56

B. GERALD L ZIMMERMAN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2584 Sutton Lane
 City AURORA State IL Zip Code 60502
 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 ▼ 1411.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944650
 Amount of Each Receipt this Period
 74.56

C. 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 ▼ 622.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A2013-3945010
 Amount of Each Receipt this Period
 47.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 196.47
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 204 OF 219
(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. 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 ▼
 670.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : A2013-3944687
 Amount of Each Receipt this Period
 47.35

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
 M M / D D / Y Y Y Y Y Y
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	47.35
TOTAL This Period (last page this line number only).....▶	21464.58

**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
Bank Service Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: IL District:

Date of Disbursement

/ /

Transaction ID : B474986

Amount of Each Disbursement this Period

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

/ /

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

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Terri Sewell for Congress

Mailing Address 499 S. Capitol St. SW Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name
Terri Sewell

Category/
Type

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2013

Transaction ID : B471789

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Pryor for US Senate Committee

Mailing Address 420 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name
Mark Pryor

Category/
Type

Office Sought: House
 Senate
 President
State: AR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2013

Transaction ID : B474341

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Contribution

011

Candidate Name
Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2013

Transaction ID : B471790

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Jim Himes for Congress

Mailing Address 401 1st Street SE Suite 310

City Washington State DC Zip Code 20515

Purpose of Disbursement
Contribution

011

Candidate Name

Jim Himes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471757

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Blue Hen PAC

Mailing Address 600 Pennsylvania Ave SE Suite 201

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: DE District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471761

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of John Barrow

Mailing Address 236 Massachusetts Ave NE Ste 603

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471787

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Kirk for Senate

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471786

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RFWPAC

Mailing Address 20 F Street NW Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: MS District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471760

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : B472955

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471759

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Pat Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471762

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Oceans PAC

Mailing Address 10 G Street NE Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: RI District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471758

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Cohen for Congress

Mailing Address 228 2nd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Stephen Cohen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : B472956

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: DC District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : B472744

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ACLI PAC

Mailing Address 101 Constitution Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: DC District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : B472954

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address 6510 Anna Maria Court

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

011

Candidate Name
Orrin G Hatch

Category/
Type

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 03 / 2013

Transaction ID : B471788

Amount of Each Disbursement this Period

1000.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

1000.00

24000.00

**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 Rob Hogg

Mailing Address 2750 Otis Rd SE

City Cedar Rapids State IA Zip Code 52403

Purpose of Disbursement
P-2014 State Senate 33 IA

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : B471812

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Baltimore for Iowa House

Mailing Address 521 South Delaware Street

City Boone State IA Zip Code 50036

Purpose of Disbursement
P-2014 State House 47 IA

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : B471816

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Cownie for Statehouse

Mailing Address 4109 Timberwood Drive

City West Des Moines State IA Zip Code 50265

Purpose of Disbursement
P-2014 State House 42 IA

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : B471815

Amount of Each Disbursement this Period

150.00

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

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

450.00

**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. Paulsen for State House Committee

Mailing Address P.O. Box 250

City Hiawatha State IA Zip Code 52233

Purpose of Disbursement
P-2014 State House 67 IA

011

Candidate Name
Kraig Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : B471819

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Pettengill for Iowans

Mailing Address 303 East Street

City Mt. Auburn State IA Zip Code 52313

Purpose of Disbursement
P-2014 State House 75 IA

011

Candidate Name
Dawn Pettengill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : B471818

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Schneider for State Senate

Mailing Address 7887 Cody Drive

City West Des Moines State IA Zip Code 50266

Purpose of Disbursement
P-2016 State Senate 22 IA

011

Candidate Name
Charles Schneider

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : B471822

Amount of Each Disbursement this Period

100.00

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

500.00

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. Upmeyer for House

Mailing Address P.O. Box 192

City Clear Lake State IA Zip Code 50428

Purpose of Disbursement
P-2014 State House 54 IA

011

Candidate Name

Linda L. Upmeyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : B471817

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Citizens for Lou Lang

Mailing Address PO Box 1815

City Skokie State IL Zip Code 60076

Purpose of Disbursement
P-2014 State House 16 IL

011

Candidate Name

Louis I Lang

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : B472958

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Phil Hermanson for Representative

Mailing Address 5338 South Mosley Street

City Wichita State KS Zip Code 67216

Purpose of Disbursement
P-2014 State House 98 KS

011

Candidate Name

Phil Hermanson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : B471782

Amount of Each Disbursement this Period

400.00

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

2700.00

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. Rob Olson for Senator

Mailing Address 19050 West 161st Street

City Olathe State KS Zip Code 66062

Purpose of Disbursement
P-2016 State Senate 23 KS

011

Category/
Type

Candidate Name

Robert Olson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B471783

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Clark Shultz for Insurance Commissioner

Mailing Address P.O. Box 731

City McPherson State KS Zip Code 67460

Purpose of Disbursement
P-2014 State Insur. Comm. KS

011

Category/
Type

Candidate Name

Clark Shultz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B471784

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Kathleen DuMais

Mailing Address 33 Wood Lane

City Rockville State MD Zip Code 20850

Purpose of Disbursement
O-2014 State House 15 MD

011

Category/
Type

Candidate Name

Kathleen M DuMais

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Election Cycle

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	3

Transaction ID : B472957

Amount of Each Disbursement this Period

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	6	2	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	6	2	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Kathy Campbell for Legislature		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 6111 Chartwell Lane		Transaction ID : B472740
City Lincoln	State NE	
Zip Code 68516	Purpose of Disbursement P-2016 State Senate 25 NE	Amount of Each Disbursement this Period 500.00
Candidate Name Kathy Campbell	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends for Sue Crawford		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 1806 Madison Street		Transaction ID : B472727
City Bellevue	State NE	
Zip Code 68005	Purpose of Disbursement P-2016 State Senate 45 NE	Amount of Each Disbursement this Period 500.00
Candidate Name Sue Crawford	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Burke Harr for Legislature		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 1620 Dodge Street Suite 1800		Transaction ID : B472725
City Omaha	State NE	
Zip Code 68102	Purpose of Disbursement P-2014 State Senate 8 NE	Amount of Each Disbursement this Period 250.00
Candidate Name Burke Harr	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. Neighbors for Sara Howard

Mailing Address 132 North 40th Street

City Omaha State NE Zip Code 68131

Purpose of Disbursement
P-2016 State Senate 9 NE

011

Candidate Name

Sara Howard

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : **B472715**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jerry Johnson for Legislature

Mailing Address 201 East 5th Street Box 68

City Wahoo State NE Zip Code 68066

Purpose of Disbursement
P-2016 State Senate 23 NE

011

Candidate Name

Jerry K Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : **B472742**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. McCoy for Legislature

Mailing Address 3922 South 190th Street

City Omaha State NE Zip Code 68130

Purpose of Disbursement
P-2016 State Senate 39 NE

011

Candidate Name

Beau McCoy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : **B472730**

Amount of Each Disbursement this Period

100.00

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

850.00

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. Schilz for Legislature

Mailing Address 417 Crestview Drive

City Ogallala State NE Zip Code 69153

Purpose of Disbursement
P-2016 State Senate 47 NE

011

Candidate Name
Ken Schilz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 16 / 2013

Transaction ID : **B472726**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Seiler for Unicameral

Mailing Address 2430 North Elm Avenue

City Hastings State NE Zip Code 68901

Purpose of Disbursement
P-2016 State Senate 33 NE

011

Candidate Name
Les Seiler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 16 / 2013

Transaction ID : **B472718**

Amount of Each Disbursement this Period

250.00

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

500.00

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

9625.00