

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<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. LAWRENCE N PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 RIVER DRIVE  
 City ANNAPOLIS State MD Zip Code 21403  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : A2015-99873**  
 Amount of Each Receipt this Period  
 350.00

**B. STEVEN A PETTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 580 SALCEDA DR  
 City MUNDELEIN State IL Zip Code 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-PF-Property & Casualty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2015  
**Transaction ID : A2015-341054**  
 Amount of Each Receipt this Period  
 55.82

**C. DAVID J PRENDERGAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8262 Arrowleaf Turn  
 City Gainesville State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Regional Presiden  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : A2015-253133**  
 Amount of Each Receipt this Period  
 83.08

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	488.90
<b>TOTAL</b> This Period (last page this line number only).....▶	