

**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="2015"/> | | 36833.08 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 42293.87 | |
| (c) Total Receipts (from Line 19) | 31440.42 | 116028.74 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 73734.29 | 152861.82 |
| 7. Total Disbursements (from Line 31)..... | 7587.41 | 86714.94 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 66146.88 | 66146.88 |
| 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)..... | 26480.15 | 64597.68 |
| (ii) Unitemized | 4960.27 | 51431.06 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 31440.42 | 116028.74 |
| (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) | 31440.42 | 116028.74 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 31440.42 | 116028.74 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 31440.42 | 116028.74 |

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 | 87.41 | 554.94 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 87.41 | 554.94 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3500.00 | 79500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 4000.00 | 6660.00 |
| 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)) .. | 7587.41 | 86714.94 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7587.41 | 86714.94 |

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) | 31440.42 | 116028.74 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31440.42 | 116028.74 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 87.41 | 554.94 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 87.41 | 554.94 |

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

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

FOR LINE NUMBER: PAGE 6 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. REBECCA A ABEL
 Mailing Address 657 CORAL COURT
 City State Zip Code
 LINDENHURST IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company CLAIMS - SIU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.96

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807887
 Amount of Each Receipt this Period
 26.18

Full Name (Last, First, Middle Initial)
B. REBECCA A ABEL
 Mailing Address 657 CORAL COURT
 City State Zip Code
 LINDENHURST IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company CLAIMS - SIU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.14

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912399
 Amount of Each Receipt this Period
 26.18

Full Name (Last, First, Middle Initial)
C. REBECCA A ABEL
 Mailing Address 657 CORAL COURT
 City State Zip Code
 LINDENHURST IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company CLAIMS - SIU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 281.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065471
 Amount of Each Receipt this Period
 26.18

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.54
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 OF 198 |
| | (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. DENIS BAILEY
Full Name (Last, First, Middle Initial)

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 MOC - SOUTHWEST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.65**

Date of Receipt
05 / 01 / 2015

Transaction ID : A2015-807665

Amount of Each Receipt this Period
23.55

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

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 MOC - SOUTHWEST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **234.20**

Date of Receipt
05 / 15 / 2015

Transaction ID : A2015-912177

Amount of Each Receipt this Period
23.55

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

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 MOC - SOUTHWEST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **257.75**

Date of Receipt
05 / 29 / 2015

Transaction ID : A2015-1065249

Amount of Each Receipt this Period
23.55

SUBTOTAL of Receipts This Page (optional)..... **70.65**

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 9 OF 198 |
| | <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. 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 CSA MED PAY CPS |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.74**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807833

Amount of Each Receipt this Period

| |
|-------|
| 34.36 |
|-------|

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 CSA MED PAY CPS |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.10**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912344

Amount of Each Receipt this Period

| |
|-------|
| 34.36 |
|-------|

C. 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 CSA MED PAY CPS |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **373.46**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065416

Amount of Each Receipt this Period

| |
|-------|
| 34.36 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 103.08 |
| 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 10 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. WILLIAM P BALLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Tournament Dr N
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PROD OPS UNDERWRITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 357.89

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807705
 Amount of Each Receipt this Period
 40.16

B. WILLIAM P BALLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Tournament Dr N
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PROD OPS UNDERWRITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.05

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912217
 Amount of Each Receipt this Period
 40.16

C. WILLIAM P BALLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Tournament Dr N
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PROD OPS UNDERWRITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 438.21

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065288
 Amount of Each Receipt this Period
 40.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.48
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 198
(check 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. PHILLIP W BANET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4589 JADE LANE
 City State Zip Code
 HOFFMAN ESTATES IL 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EAST ANALYTICS MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 387.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807731
 Amount of Each Receipt this Period
 43.90

B. PHILLIP W BANET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4589 JADE LANE
 City State Zip Code
 HOFFMAN ESTATES IL 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EAST ANALYTICS MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 431.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912243
 Amount of Each Receipt this Period
 43.90

C. PHILLIP W BANET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4589 JADE LANE
 City State Zip Code
 HOFFMAN ESTATES IL 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EAST ANALYTICS MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065314
 Amount of Each Receipt this Period
 43.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 131.70
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 198
(check 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 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 MOC - CAPITAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 274.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807678
 Amount of Each Receipt this Period
 30.63

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 MOC - CAPITAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 304.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912190
 Amount of Each Receipt this Period
 30.63

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 MOC - CAPITAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 335.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065262
 Amount of Each Receipt this Period
 30.63

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.89
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 198 |
| | <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. DIANE BELLAS | | Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-807760 |
| Mailing Address 1402 N. Illinois Avenue | | Amount of Each Receipt this Period 23.31 |
| City Arlington Heights | State IL | Zip Code 60004 |
| FEC ID number of contributing federal political committee. C | Name of Employer Allstate Insurance Company | Occupation Accounting Research Policy 1 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.77 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DIANE BELLAS | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-912272 |
| Mailing Address 1402 N. Illinois Avenue | | Amount of Each Receipt this Period 23.31 |
| City Arlington Heights | State IL | Zip Code 60004 |
| FEC ID number of contributing federal political committee. C | Name of Employer Allstate Insurance Company | Occupation Accounting Research Policy 1 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 231.08 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. DIANE BELLAS | | Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-1065343 |
| Mailing Address 1402 N. Illinois Avenue | | Amount of Each Receipt this Period 23.31 |
| City Arlington Heights | State IL | Zip Code 60004 |
| FEC ID number of contributing federal political committee. C | Name of Employer Allstate Insurance Company | Occupation Accounting Research Policy 1 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 254.39 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 69.93 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 14 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. WALTER A BERKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 GATESHEAD DRIVE
 City NAPERVILLE State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AF AFT ARCHITECTURE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807800
 Amount of Each Receipt this Period
 37.88

B. WALTER A BERKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 GATESHEAD DRIVE
 City NAPERVILLE State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AF AFT ARCHITECTURE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912312
 Amount of Each Receipt this Period
 37.88

C. WALTER A BERKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 GATESHEAD DRIVE
 City NAPERVILLE State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AF AFT ARCHITECTURE SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 413.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065384
 Amount of Each Receipt this Period
 37.88

SUBTOTAL of Receipts This Page (optional)..... ▶ 113.64
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 198
(check 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 BIRMAN

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code
 LINCOLN NE 68516

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

Name of Employer Occupation
 Allstate Insurance Company AF CS AGENCY ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **201.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912314

Amount of Each Receipt this Period
20.45

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code
 LINCOLN NE 68516

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

Name of Employer Occupation
 Allstate Insurance Company AF CS AGENCY ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **222.29**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065386

Amount of Each Receipt this Period
20.45

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

Mailing Address 11988 Crafton Hills Crt

City State Zip Code
 Yucaipa CA 92399

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

Name of Employer Occupation
 Allstate Insurance Company WEST MOC CA DIST RFSL

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
05 / 01 / 2015

Transaction ID : A2015-807883

Amount of Each Receipt this Period
33.49

SUBTOTAL of Receipts This Page (optional)..... ▶ **74.39**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 198 |
| | <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. DOUGLAS L BORG
Full Name (Last, First, Middle Initial)

Mailing Address 11988 Crafton Hills Crt

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

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

| | |
|--|-------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation WEST MOC CA DIST RFSL |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.90**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912395

Amount of Each Receipt this Period

| |
|-------|
| 33.49 |
|-------|

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

Mailing Address 11988 Crafton Hills Crt

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

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

| | |
|--|-------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation WEST MOC CA DIST RFSL |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **368.39**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065467

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 Ivantage Personal Lines |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **289.17**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807759

Amount of Each Receipt this Period

| |
|-------|
| 32.60 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 99.58 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 17 OF 198
(check 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 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 Ivantage Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 321.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912271

Amount of Each Receipt this Period
 32.60

Full Name (Last, First, Middle Initial)
B. 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 Ivantage Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 354.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065342

Amount of Each Receipt this Period
 32.60

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

Mailing Address 6350 S Langdale Way

City State Zip Code
 Aurora CO 80016

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

Name of Employer Occupation
 Allstate Insurance Company MOC - CAPITAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 351.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807872

Amount of Each Receipt this Period
 39.78

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.98

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 18 OF 198 |
| | <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. LONDON B BRADLEY | | Date of Receipt |
| Mailing Address 6350 S Langdale Way | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Transaction ID : A2015-912384 |
| Aurora | CO | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | <input type="text" value="43.29"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | MOC - CAPITAL | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="394.78"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LONDON B BRADLEY | | Date of Receipt |
| Mailing Address 6350 S Langdale Way | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Transaction ID : A2015-1065456 |
| Aurora | CO | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | <input type="text" value="41.54"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | MOC - CAPITAL | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="436.32"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. KENNETH A BRANCH | | Date of Receipt |
| Mailing Address 28955 NIBLICK KNOLL CT. | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Transaction ID : A2015-807854 |
| IVANHOE | IL | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | <input type="text" value="23.80"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | ALLSTATE INDEPENDENT AGENTS-HO SU | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="212.13"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="108.63"/> |
| 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 19 OF 198
(check 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 A BRANCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 28955 NIBLICK KNOLL CT.
 City IVANHOE State IL Zip Code 60060
 Date of Receipt: 05 / 15 / 2015
 Transaction ID : A2015-912366
 Amount of Each Receipt this Period: 23.80
 FEC ID number of contributing federal political committee: C
 Name of Employer: Allstate Insurance Company Occupation: ALLSTATE INDEPENDENT AGENTS-HO SUI
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 235.93

B. KENNETH A BRANCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 28955 NIBLICK KNOLL CT.
 City IVANHOE State IL Zip Code 60060
 Date of Receipt: 05 / 29 / 2015
 Transaction ID : A2015-1065438
 Amount of Each Receipt this Period: 23.80
 FEC ID number of contributing federal political committee: C
 Name of Employer: Allstate Insurance Company Occupation: ALLSTATE INDEPENDENT AGENTS-HO SUI
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 259.73

C. DUDLEY R BRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 18135 W MEANDER DR
 City GRAYSLAKE State IL Zip Code 60030
 Date of Receipt: 05 / 15 / 2015
 Transaction ID : A2015-912212
 Amount of Each Receipt this Period: 21.84
 FEC ID number of contributing federal political committee: C
 Name of Employer: Allstate Insurance Company Occupation: AGENCY OPERATIONS - EAST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 216.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.44
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 20 OF 198 |
| | <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. DUDLEY R BRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 18135 W MEANDER DR

City GRAYSLAKE State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation AGENCY OPERATIONS - EAST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065283

Amount of Each Receipt this Period
 22.71

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

Mailing Address 1044 APPLE BLOSSOM COURT

City LAKE ZURICH State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation PLAN & CHANGE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 491.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807764

Amount of Each Receipt this Period
 55.57

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

Mailing Address 1044 APPLE BLOSSOM COURT

City LAKE ZURICH State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation PLAN & CHANGE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912276

Amount of Each Receipt this Period
 55.57

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.85 |
| TOTAL This Period (last page this line number only)..... | |

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

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FOR LINE NUMBER: PAGE 21 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. SHAWN L BROADFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 APPLE BLOSSOM COURT
 City LAKE ZURICH State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PLAN & CHANGE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 602.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065347
 Amount of Each Receipt this Period
 55.57

B. PAMELA S BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5886 TEAL LANE
 City LONG GROVE State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Investment Law 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912336
 Amount of Each Receipt this Period
 21.63

C. PAMELA S BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5886 TEAL LANE
 City LONG GROVE State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Investment Law 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065408
 Amount of Each Receipt this Period
 21.63

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.83
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 198
(check 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 Ins Ops Law - 5

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **203.43**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065400

Amount of Each Receipt this Period
18.78

Full Name (Last, First, Middle Initial)
B. 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 HR Client Partnership

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **536.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807692

Amount of Each Receipt this Period
60.35

Full Name (Last, First, Middle Initial)
C. 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 HR Client Partnership

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **596.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912204

Amount of Each Receipt this Period
60.35

SUBTOTAL of Receipts This Page (optional)..... ▶ **139.48**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 OF 198 |
| | (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. GREGORY C BURNS
Full Name (Last, First, Middle Initial)

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 HR Client Partnership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
657.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A2015-1065276

Amount of Each Receipt this Period
60.35

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

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 MOC - MIDWEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
832.95

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : A2015-807845

Amount of Each Receipt this Period
94.81

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

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 MOC - MIDWEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
927.76

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A2015-912357

Amount of Each Receipt this Period
94.81

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 249.97 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 198 |
| | <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. 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 MOC - MIDWEST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1022.57**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065429

Amount of Each Receipt this Period
94.81

Full Name (Last, First, Middle Initial)
B. Alfredo M Cantoral

Mailing Address 1960 Clyde Dr

City State Zip Code
Naperville IL 60565

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

Name of Employer Occupation
Allstate Insurance Company Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **244.26**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807920

Amount of Each Receipt this Period
27.80

Full Name (Last, First, Middle Initial)
C. Alfredo M Cantoral

Mailing Address 1960 Clyde Dr

City State Zip Code
Naperville IL 60565

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

Name of Employer Occupation
Allstate Insurance Company Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **272.06**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912432

Amount of Each Receipt this Period
27.80

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.41 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 25 OF 198
(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. Alfredo M Cantoral

Mailing Address 1960 Clyde Dr

City Naperville State IL Zip Code 60565

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

Name of Employer Allstate Insurance Company Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **299.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065504

Amount of Each Receipt this Period
27.80

Full Name (Last, First, Middle Initial)
B. Michael Capuzzi

Mailing Address 2630 W. Winona Street

City Chicago State IL Zip Code 60625

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

Name of Employer Allstate Insurance Company Occupation SVP-CLM-Regional Claims E

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912447

Amount of Each Receipt this Period
41.54

Full Name (Last, First, Middle Initial)
C. Michael Capuzzi

Mailing Address 2630 W. Winona Street

City Chicago State IL Zip Code 60625

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

Name of Employer Allstate Insurance Company Occupation SVP-CLM-Regional Claims E

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065519

Amount of Each Receipt this Period
41.54

SUBTOTAL of Receipts This Page (optional)..... **110.88**

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 26 OF 198 |
| | (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 L CLARK | | Date of Receipt |
| Mailing Address 257 Lake Circle | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| MADISON | MS | 39110 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A2015-1065437 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="19.94"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | FINANCIAL TEAM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="215.33"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. EDWARD T CLARK | | Date of Receipt |
| Mailing Address 9484 Ashford Place | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Brentwood | TN | 37027 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A2015-807810 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="32.00"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | MOC - SOUTHERN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="282.46"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. EDWARD T CLARK | | Date of Receipt |
| Mailing Address 9484 Ashford Place | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Brentwood | TN | 37027 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A2015-912321 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="32.00"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | MOC - SOUTHERN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="314.46"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="83.94"/> |
| 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 27 OF 198 |
| | (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. EDWARD T CLARK

Mailing Address 9484 Ashford Place

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Allstate Insurance Company MOC - SOUTHERN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.46**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065393

Amount of Each Receipt this Period
32.00

Full Name (Last, First, Middle Initial)
B. KELLY A CLARK

Mailing Address 258 FOXFORD DR

City State Zip Code
CARY IL 60013

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

Name of Employer Occupation
Allstate Insurance Company Ins Ops Law - 2

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.66**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065415

Amount of Each Receipt this Period
20.61

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

Mailing Address 9832 Toscano Drive

City State Zip Code
ELK GROVE CA 95757

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

Name of Employer Occupation
Allstate Insurance Company State Legislative & Reg Affairs 2

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **334.94**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807902

Amount of Each Receipt this Period
37.55

SUBTOTAL of Receipts This Page (optional)..... **90.16**

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: (check only one) | PAGE 28 OF 198 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. CHRISTOPHER W CLAY
Full Name (Last, First, Middle Initial)
Mailing Address 9832 Toscano Drive

| | | |
|-------------------|-------------|-------------------|
| City ELK GROVE | State CA | Zip Code 95757 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation State Legislative & Reg Affairs 2 |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.49**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912414

Amount of Each Receipt this Period

| |
|-------|
| 37.55 |
|-------|

B. CHRISTOPHER W CLAY
Full Name (Last, First, Middle Initial)
Mailing Address 9832 Toscano Drive

| | | |
|-------------------|-------------|-------------------|
| City ELK GROVE | State CA | Zip Code 95757 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation State Legislative & Reg Affairs 2 |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.04**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065486

Amount of Each Receipt this Period

| |
|-------|
| 37.55 |
|-------|

C. DEBORAH L CLOUSER
Full Name (Last, First, Middle Initial)
Mailing Address 4667 TAMWORTH DR

| | | |
|---------------------|-------------|-------------------|
| City PALM HARBOR | State FL | Zip Code 34685 |
|---------------------|-------------|-------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer Allstate Insurance Company | Occupation MAREKTING - FLORIDA |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.72**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807808

Amount of Each Receipt this Period

| |
|-------|
| 34.75 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 109.85 |
| 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 29 OF 198 |
| <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. DEBORAH L CLOUSER | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2015 Transaction ID : A2015-912319 |
| Mailing Address 4667 TAMWORTH DR | | Amount of Each Receipt this Period 34.75 |
| City PALM HARBOR | State FL | Zip Code 34685 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation MAREKTING - FLORIDA | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 341.47 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DEBORAH L CLOUSER | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2015 Transaction ID : A2015-1065391 |
| Mailing Address 4667 TAMWORTH DR | | Amount of Each Receipt this Period 34.75 |
| City PALM HARBOR | State FL | Zip Code 34685 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation MAREKTING - FLORIDA | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 376.22 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. LISA D COCHRANE | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 01 / 2015 Transaction ID : A2015-807786 |
| Mailing Address 270 FAIRVIEW AVENUE | | Amount of Each Receipt this Period 39.13 |
| City WINNETKA | State IL | Zip Code 60093 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation Marketing imc | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 352.17 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 108.63 |
| 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 30 OF 198 |
| | <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. 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 Marketing imc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912298

Amount of Each Receipt this Period
 39.13

B. 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 Marketing imc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065370

Amount of Each Receipt this Period
 39.13

C. PATRICIA A COFFEY
Full Name (Last, First, Middle Initial)

Mailing Address 21200 W. KEPWICK

City KILDEER State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation DELIVERY AND RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807789

Amount of Each Receipt this Period
 36.72

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.98

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 31 OF 198
(check 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 DELIVERY AND RISK MANAGEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912301
 Amount of Each Receipt this Period
 36.72

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 DELIVERY AND RISK MANAGEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 402.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065373
 Amount of Each Receipt this Period
 36.72

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 PUBLIC POLICY DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807756
 Amount of Each Receipt this Period
 53.74

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.18
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 32 OF 198
(check 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. 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 PUBLIC POLICY DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 529.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912268
 Amount of Each Receipt this Period
 53.74

B. 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 PUBLIC POLICY DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 582.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065339
 Amount of Each Receipt this Period
 53.74

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 ANALYTICS ABI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912289
 Amount of Each Receipt this Period
 21.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 129.27
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 33 OF 198
(check 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. LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City Palatine State IL Zip Code 60067

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

Name of Employer Allstate Insurance Company Occupation ANALYTICS ABI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.76**

Date of Receipt
05 / 29 / 2015
Transaction ID : A2015-1065360

Amount of Each Receipt this Period
21.79

Full Name (Last, First, Middle Initial)
B. PETER T CORRIGAN

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 PERSONAL LINES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.49**

Date of Receipt
05 / 01 / 2015
Transaction ID : A2015-807663

Amount of Each Receipt this Period
70.75

Full Name (Last, First, Middle Initial)
C. PETER T CORRIGAN

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 PERSONAL LINES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **701.24**

Date of Receipt
05 / 15 / 2015
Transaction ID : A2015-912175

Amount of Each Receipt this Period
70.75

SUBTOTAL of Receipts This Page (optional)..... ▶ **163.29**

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 34 OF 198 |
| | (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. 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 PERSONAL LINES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 771.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065247
 Amount of Each Receipt this Period
 70.75

B. RICHARD C CRIST Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3227 Meadow Lane
 City Collegeville State PA Zip Code 19426
 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 ▼ 695.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807697
 Amount of Each Receipt this Period
 77.90

C. RICHARD C CRIST Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3227 Meadow Lane
 City Collegeville State PA Zip Code 19426
 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 ▼ 811.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912209
 Amount of Each Receipt this Period
 115.64

SUBTOTAL of Receipts This Page (optional).....▶ 264.29
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 35 OF 198
(check 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. Teresa J Dalenta

Mailing Address 528 Cumnor Court

City State Zip Code
 Deerfield IL 60015

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

Name of Employer Occupation
 Allstate Insurance Company SVP-PRD-Product Line Mana

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 323.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807929

Amount of Each Receipt this Period
 40.38

Full Name (Last, First, Middle Initial)
B. Teresa J Dalenta

Mailing Address 528 Cumnor Court

City State Zip Code
 Deerfield IL 60015

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

Name of Employer Occupation
 Allstate Insurance Company SVP-PRD-Product Line Mana

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912441

Amount of Each Receipt this Period
 40.38

Full Name (Last, First, Middle Initial)
C. Teresa J Dalenta

Mailing Address 528 Cumnor Court

City State Zip Code
 Deerfield IL 60015

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

Name of Employer Occupation
 Allstate Insurance Company SVP-PRD-Product Line Mana

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065513

Amount of Each Receipt this Period
 40.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.14

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 36 OF 198 |
| | <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. JOHN A DAVISON | | Date of Receipt |
| Mailing Address 2104 Butternut Ln | | M M M / D D D / Y Y Y Y Y Y 05 / 29 / 2015 |
| City | State | Zip Code |
| NORTHBROOK | IL | 60062 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A2015-1065302 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation PROPERTY OPERATIONS | | 19.60 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 211.91 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. RANDALL S DECOURSEY | | Date of Receipt |
| Mailing Address 1954 Oakwood Dr | | M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015 |
| City | State | Zip Code |
| Arlington Heights | IL | 60004 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A2015-807757 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation AF CUSTOMER SERVICE | | 47.93 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 422.06 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. RANDALL S DECOURSEY | | Date of Receipt |
| Mailing Address 1954 Oakwood Dr | | M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2015 |
| City | State | Zip Code |
| Arlington Heights | IL | 60004 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A2015-912269 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation AF CUSTOMER SERVICE | | 47.93 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 469.99 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 115.46 |
| 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 37 OF 198
(check 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. RANDALL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City State Zip Code
 Arlington Heights IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company AF CUSTOMER SERVICE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 517.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065340

Amount of Each Receipt this Period
 47.93

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

Mailing Address 453 PRAIRIE

City State Zip Code
 ELMHURST IL 60126

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

Name of Employer Occupation
 Allstate Insurance Company PRD OPS PRD MGMT CA/EAST 3

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 522.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807821

Amount of Each Receipt this Period
 58.91

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

Mailing Address 453 PRAIRIE

City State Zip Code
 ELMHURST IL 60126

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

Name of Employer Occupation
 Allstate Insurance Company PRD OPS PRD MGMT CA/EAST 3

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 581.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912332

Amount of Each Receipt this Period
 58.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.75

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 198 |
| | <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

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Occupation
Allstate Insurance Company PRD OPS PRD MGMT CA/EAST 3

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.31

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A2015-1065404

Amount of Each Receipt this Period
58.91

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

Mailing Address 460 TOWER ROAD

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company SPECIALTY OPERATIONS LAW 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.16

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : A2015-807803

Amount of Each Receipt this Period
23.50

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

Mailing Address 460 TOWER ROAD

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company SPECIALTY OPERATIONS LAW 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.66

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A2015-912315

Amount of Each Receipt this Period
23.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.91

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 39 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 460 TOWER ROAD

City State Zip Code
 BARRINGTON IL 60010

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

Name of Employer Occupation
 Allstate Insurance Company SPECIALTY OPERATIONS LAW 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 256.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065387

Amount of Each Receipt this Period
 23.50

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

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
 BARRINGTON HILLS IL 60102

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

Name of Employer Occupation
 Allstate Insurance Company Ethics and Compliance/Privacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912358

Amount of Each Receipt this Period
 22.27

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

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
 BARRINGTON HILLS IL 60102

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

Name of Employer Occupation
 Allstate Insurance Company Ethics and Compliance/Privacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065430

Amount of Each Receipt this Period
 22.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.04

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 40 OF 198 |
| | <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. 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 PUBLIC SOCIAL RESPONSIBILITY AND E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 601.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807905
 Amount of Each Receipt this Period
 68.14

B. Victoria A Dinges
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 Chapel Hill Lane
 City Northfield State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PUBLIC SOCIAL RESPONSIBILITY AND E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 669.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912417
 Amount of Each Receipt this Period
 68.14

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 PUBLIC SOCIAL RESPONSIBILITY AND E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 737.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065489
 Amount of Each Receipt this Period
 68.14

SUBTOTAL of Receipts This Page (optional)..... ▶ 204.42
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 41 OF 198 |
| | <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. 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 ANALYTICS ENCOMPASS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **219.02**

Date of Receipt **05 / 15 / 2015**

Transaction ID : A2015-912376

Amount of Each Receipt this Period **22.05**

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 ANALYTICS ENCOMPASS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **241.07**

Date of Receipt **05 / 29 / 2015**

Transaction ID : A2015-1065448

Amount of Each Receipt this Period **22.05**

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 CUSTOMER EXPERIENCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.27**

Date of Receipt **05 / 01 / 2015**

Transaction ID : A2015-807745

Amount of Each Receipt this Period **37.99**

SUBTOTAL of Receipts This Page (optional)..... **82.09**

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 42 OF 198 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. PATRICIA 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 CUSTOMER EXPERIENCE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **374.26**

Date of Receipt **05 / 15 / 2015**
Transaction ID : A2015-912257
Amount of Each Receipt this Period **37.99**

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 CUSTOMER EXPERIENCE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **412.25**

Date of Receipt **05 / 29 / 2015**
Transaction ID : A2015-1065328
Amount of Each Receipt this Period **37.99**

C. Stacy Drumtra
Full Name (Last, First, Middle Initial)
Mailing Address 114 E. Euclid Ave
City Arlington Heights State IL Zip Code 60004
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CEO STRATEGIC COMMUNICATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **328.09**

Date of Receipt **05 / 01 / 2015**
Transaction ID : A2015-807906
Amount of Each Receipt this Period **37.08**

SUBTOTAL of Receipts This Page (optional)..... **113.06**
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 43 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

| | | | | | | | | | | | | | |
|---|--|-------------------|--|-------------|---|-------|---|-------------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial) A. Stacy Drumtra | | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>15</td> <td>/</td> <td>2015</td> </tr> </table> Transaction ID : A2015-912418 | M M M | / | D D D | / | Y Y Y Y Y Y | 05 | / | 15 | / | 2015 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 05 | / | 15 | / | 2015 | | | | | | | | | |
| Mailing Address 114 E. Euclid Ave | | | Amount of Each Receipt this Period <table border="1"> <tr> <td>37.08</td> </tr> </table> | 37.08 | | | | | | | | | |
| 37.08 | | | | | | | | | | | | | |
| City Arlington Heights | State IL | Zip Code 60004 | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table> | | | C | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | Occupation CEO STRATEGIC COMMUNICATIONS | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>365.17</td> </tr> </table> | | 365.17 | | | | | | | | | | |
| 365.17 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--|-------------------|---|-------------|---|-------|---|-------------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial) B. Stacy Drumtra | | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>29</td> <td>/</td> <td>2015</td> </tr> </table> Transaction ID : A2015-1065490 | M M M | / | D D D | / | Y Y Y Y Y Y | 05 | / | 29 | / | 2015 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 05 | / | 29 | / | 2015 | | | | | | | | | |
| Mailing Address 114 E. Euclid Ave | | | Amount of Each Receipt this Period <table border="1"> <tr> <td>37.08</td> </tr> </table> | 37.08 | | | | | | | | | |
| 37.08 | | | | | | | | | | | | | |
| City Arlington Heights | State IL | Zip Code 60004 | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table> | | | C | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | Occupation CEO STRATEGIC COMMUNICATIONS | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>402.25</td> </tr> </table> | | 402.25 | | | | | | | | | | |
| 402.25 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--|-------------------|--|-------------|---|-------|---|-------------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial) C. DONALD L DUFF | | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table> Transaction ID : A2015-807743 | M M M | / | D D D | / | Y Y Y Y Y Y | 05 | / | 01 | / | 2015 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 05 | / | 01 | / | 2015 | | | | | | | | | |
| Mailing Address 2 Washington Ct.. | | | Amount of Each Receipt this Period <table border="1"> <tr> <td>40.86</td> </tr> </table> | 40.86 | | | | | | | | | |
| 40.86 | | | | | | | | | | | | | |
| City STREAMWOOD | State IL | Zip Code 60107 | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table> | | | C | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | Occupation ABI PRODUCT MANAGEMENT | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>321.54</td> </tr> </table> | | 321.54 | | | | | | | | | | |
| 321.54 | | | | | | | | | | | | | |

| | | |
|--|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <table border="1"> <tr> <td>115.02</td> </tr> </table> | 115.02 |
| 115.02 | | |
| TOTAL This Period (last page this line number only).....▶ | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 44 OF 198 |
| <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. DONALD L DUFF | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-912255 |
| Mailing Address 2 Washington Ct.. | | Amount of Each Receipt this Period 39.13 |
| City STREAMWOOD | State IL | Zip Code 60107 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation ABI PRODUCT MANAGEMENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.67 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. DONALD L DUFF | | Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-1065326 |
| Mailing Address 2 Washington Ct.. | | Amount of Each Receipt this Period 39.13 |
| City STREAMWOOD | State IL | Zip Code 60107 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation ABI PRODUCT MANAGEMENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 399.80 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MICHAEL S DUNN | | Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-807796 |
| Mailing Address 18202 HARNISH RD. | | Amount of Each Receipt this Period 30.05 |
| City ROSCOE | State IL | Zip Code 61073 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation CLAIMS STRATEGY PROJECT MGMT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 266.49 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 108.31 |
| 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 45 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 18202 HARNISH RD.

City State Zip Code
 ROSCOE IL 61073

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

Name of Employer Occupation
 Allstate Insurance Company CLAIMS STRATEGY PROJECT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 296.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912308

Amount of Each Receipt this Period
 30.05

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

Mailing Address 18202 HARNISH RD.

City State Zip Code
 ROSCOE IL 61073

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

Name of Employer Occupation
 Allstate Insurance Company CLAIMS STRATEGY PROJECT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 326.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065380

Amount of Each Receipt this Period
 30.05

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

Mailing Address 2601 N. Greenview Ave.

City State Zip Code
 Chicago IL 60614

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 746.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807921

Amount of Each Receipt this Period
 82.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 143.09

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 46 OF 198 |
| | <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. Thomas V Ealy

Mailing Address 2601 N. Greenview Ave.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **829.90**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912433

Amount of Each Receipt this Period

| |
|--------|
| 829.90 |
|--------|

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

Mailing Address 2601 N. Greenview Ave.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **912.89**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065505

Amount of Each Receipt this Period

| |
|-------|
| 82.99 |
|-------|

Full Name (Last, First, Middle Initial)
C. Miguel Edwards

Mailing Address 21 Seneca Ave West

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Hathorn Woods | IL | 60047 |

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

| | |
|----------------------------|-------------------|
| Name of Employer | Occupation |
| Allstate Insurance Company | VP-AIA-Operations |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.09**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807932

Amount of Each Receipt this Period

| |
|-------|
| 46.13 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 212.11 |
| 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 47 OF 198
(check 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. Miguel Edwards

Mailing Address 21 Seneca Ave West

City State Zip Code
Hathorn Woods IL 60047

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

Name of Employer Occupation
Allstate Insurance Company VP-AIA-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912444

Amount of Each Receipt this Period
46.13

Full Name (Last, First, Middle Initial)
B. Miguel Edwards

Mailing Address 21 Seneca Ave West

City State Zip Code
Hathorn Woods IL 60047

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

Name of Employer Occupation
Allstate Insurance Company VP-AIA-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
502.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065516

Amount of Each Receipt this Period
46.13

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 CORPORATE ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
484.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807813

Amount of Each Receipt this Period
53.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 146.11

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 48 OF 198
(check 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 CORPORATE ACCOUNTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 538.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912324
 Amount of Each Receipt this Period
 53.85

B. 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 CORPORATE ACCOUNTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 592.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065396
 Amount of Each Receipt this Period
 53.85

C. JAN B EPSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2975 ROSLYN 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 Corporate Relations Allstate Found
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912185
 Amount of Each Receipt this Period
 20.57

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.27
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 49 OF 198 |
| | (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. JAN B EPSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 2975 ROSLYN 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 Corporate Relations Allstate Found

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A2015-1065257

Amount of Each Receipt this Period
20.57

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 DIVERSITY AND ORGANIZATION EFFECTI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
533.79

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : A2015-807666

Amount of Each Receipt this Period
59.77

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 DIVERSITY AND ORGANIZATION EFFECTI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
593.56

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A2015-912178

Amount of Each Receipt this Period
59.77

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.11

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 50 OF 198
(check 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 L ESCOBAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 BALMORAL LANE
 City Inverness State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation DIVERSITY AND ORGANIZATION EFFECTI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.33

Date of Receipt 05 / 29 / 2015
Transaction ID : A2015-1065250
 Amount of Each Receipt this Period 59.77

B. Marcus W Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 818 S. Mitchell Ave.
 City Arlington Heights State IL Zip Code 60005
 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 ▼ 271.35

Date of Receipt 05 / 01 / 2015
Transaction ID : A2015-807938
 Amount of Each Receipt this Period 30.30

C. Marcus W Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 818 S. Mitchell Ave.
 City Arlington Heights State IL Zip Code 60005
 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 ▼ 301.65

Date of Receipt 05 / 15 / 2015
Transaction ID : A2015-912450
 Amount of Each Receipt this Period 30.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.37
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 51 OF 198 |
| | (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. Marcus W Ferguson | | Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-106522 |
| Mailing Address 818 S. Mitchell Ave. | | Amount of Each Receipt this Period 30.30 |
| City Arlington Heights | State IL | Zip Code 60005 |
| FEC ID number of contributing federal political committee. C | Name of Employer Allstate Insurance Company | |
| Occupation Attorney | | Aggregate Year-to-Date ▼ 331.95 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CAROLYN A FILIPOVIC | | Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-807836 |
| Mailing Address 918 JUNIPER ROAD | | Amount of Each Receipt this Period 33.32 |
| City GLENVIEW | State IL | Zip Code 60025 |
| FEC ID number of contributing federal political committee. C | Name of Employer Allstate Insurance Company | |
| Occupation Ethics and Compliance | | Aggregate Year-to-Date ▼ 295.38 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CAROLYN A FILIPOVIC | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-912347 |
| Mailing Address 918 JUNIPER ROAD | | Amount of Each Receipt this Period 33.32 |
| City GLENVIEW | State IL | Zip Code 60025 |
| FEC ID number of contributing federal political committee. C | Name of Employer Allstate Insurance Company | |
| Occupation Ethics and Compliance | | Aggregate Year-to-Date ▼ 328.70 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 96.94 |
| 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 52 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. CAROLYN A FILIPOVIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 JUNIPER ROAD
 City State Zip Code
 GLENVIEW IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Ethics and Compliance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 362.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065419
 Amount of Each Receipt this Period
 33.32

B. STEVEN FINE
 Full Name (Last, First, Middle Initial)
 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 STRATEGIC DEPLOYMENT LOCAL PRESEN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 258.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807690
 Amount of Each Receipt this Period
 29.03

C. STEVEN FINE
 Full Name (Last, First, Middle Initial)
 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 STRATEGIC DEPLOYMENT LOCAL PRESEN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 287.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912202
 Amount of Each Receipt this Period
 29.03

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.38
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 53 OF 198
(check 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 STRATEGIC DEPLOYMENT LOCAL PRESEN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 316.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065274

Amount of Each Receipt this Period
 29.03

Full Name (Last, First, Middle Initial)
B. 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 Ins Ops Law - 1

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 496.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807866

Amount of Each Receipt this Period
 55.96

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 Ins Ops Law - 1

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 552.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912378

Amount of Each Receipt this Period
 55.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.95

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 198 |
| | <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. ANGELA K FONTANA
Full Name (Last, First, Middle Initial)

Mailing Address 1280 WILD ROSE LANE

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation Ins Ops Law - 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **608.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065450

Amount of Each Receipt this Period
55.96

B. SARA A FOSTER
Full Name (Last, First, Middle Initial)

Mailing Address 2216 BARRETT DR

City ALGONQUIN State IL Zip Code 60102

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

Name of Employer Allstate Insurance Company Occupation PROC DES/SIX SIGMA/TECH CONS/RES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807776

Amount of Each Receipt this Period
37.32

C. SARA A FOSTER
Full Name (Last, First, Middle Initial)

Mailing Address 2216 BARRETT DR

City ALGONQUIN State IL Zip Code 60102

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

Name of Employer Allstate Insurance Company Occupation PROC DES/SIX SIGMA/TECH CONS/RES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.19**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912288

Amount of Each Receipt this Period
37.32

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 130.60 |
| 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 55 OF 198
(check 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. SARA A FOSTER

Mailing Address 2216 BARRETT DR

City ALGONQUIN State IL Zip Code 60102

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

Name of Employer Allstate Insurance Company Occupation PROC DES/SIX SIGMA/TECH CONS/RES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A2015-1065359

Amount of Each Receipt this Period
37.32

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

Mailing Address 6 SUGAR MAPLE COURT

City DIX HILLS State NY Zip Code 11746

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

Name of Employer Allstate Insurance Company Occupation MOC - NEW YORK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : A2015-807664

Amount of Each Receipt this Period
28.50

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

Mailing Address 6 SUGAR MAPLE COURT

City DIX HILLS State NY Zip Code 11746

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

Name of Employer Allstate Insurance Company Occupation MOC - NEW YORK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A2015-912176

Amount of Each Receipt this Period
28.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **94.32**

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 56 OF 198
(check 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. VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
 DIX HILLS NY 11746

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

Name of Employer Occupation
 Allstate Insurance Company MOC - NEW YORK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **313.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065248

Amount of Each Receipt this Period
28.50

Full Name (Last, First, Middle Initial)
B. NICK GEORGAKOPOULOS

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 AF-FINANCE REPORTING PLAN & ANALYS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **372.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807781

Amount of Each Receipt this Period
42.05

Full Name (Last, First, Middle Initial)
C. NICK GEORGAKOPOULOS

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 AF-FINANCE REPORTING PLAN & ANALYS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **414.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912293

Amount of Each Receipt this Period
42.05

SUBTOTAL of Receipts This Page (optional)..... ▶ **112.60**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 198 |
| | <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. NICK GEORGAKOPOULOS
Full Name (Last, First, Middle Initial)
Mailing Address 1129 N Mitchell Ave

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

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

| | |
|--|--|
| Name of Employer Allstate Insurance Company | Occupation AF-FINANCE REPORTING PLAN & ANALYS |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.79**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065365

Amount of Each Receipt this Period

| |
|-------|
| 42.05 |
|-------|

B. BONNIE S GILL
Full Name (Last, First, Middle Initial)
Mailing Address 1570 EDGEFIELD LANE

| | | |
|-------------------------|-------------|-------------------|
| City HOFFMAN ESTATES | State IL | Zip Code 60169 |
|-------------------------|-------------|-------------------|

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

| | |
|--|-------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation ANALYTICS SUPP - CMAT |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.10**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807868

Amount of Each Receipt this Period

| |
|-------|
| 34.88 |
|-------|

C. BONNIE S GILL
Full Name (Last, First, Middle Initial)
Mailing Address 1570 EDGEFIELD LANE

| | | |
|-------------------------|-------------|-------------------|
| City HOFFMAN ESTATES | State IL | Zip Code 60169 |
|-------------------------|-------------|-------------------|

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

| | |
|--|-------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation ANALYTICS SUPP - CMAT |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **344.98**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912380

Amount of Each Receipt this Period

| |
|-------|
| 34.88 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 111.81 |
| 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 58 OF 198 |
| | <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. 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 | ANALYTICS SUPP - CMAT |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **379.86**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065452

Amount of Each Receipt this Period

| |
|--------------|
| 34.88 |
|--------------|

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

Mailing Address 656 S BUCKINGHAM CT

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

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

| | |
|----------------------------|----------------|
| Name of Employer | Occupation |
| Allstate Insurance Company | LIT SERV- WEST |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.91**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807667

Amount of Each Receipt this Period

| |
|--------------|
| 47.01 |
|--------------|

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

Mailing Address 656 S BUCKINGHAM CT

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

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

| | |
|----------------------------|----------------|
| Name of Employer | Occupation |
| Allstate Insurance Company | LIT SERV- WEST |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.92**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912179

Amount of Each Receipt this Period

| |
|--------------|
| 47.01 |
|--------------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 128.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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FOR LINE NUMBER: PAGE 59 OF 198
(check 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. JOAN M GILMORE

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code
 LAKE FOREST IL 60045

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

Name of Employer Occupation
 Allstate Insurance Company LIT SERV- WEST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 512.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065251

Amount of Each Receipt this Period
 47.01

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

Mailing Address 310 Plantation Way

City State Zip Code
 Roswell GA 30075

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

Name of Employer Occupation
 Allstate Insurance Company EAST MOC STH EAST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 211.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807668

Amount of Each Receipt this Period
 23.94

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

Mailing Address 310 Plantation Way

City State Zip Code
 Roswell GA 30075

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

Name of Employer Occupation
 Allstate Insurance Company EAST MOC STH EAST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912180

Amount of Each Receipt this Period
 23.94

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.89

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 60 OF 198
(check 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 State Zip Code
 Roswell GA 30075

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

Name of Employer Occupation
 Allstate Insurance Company EAST MOC STH EAST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **259.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065252

Amount of Each Receipt this Period
23.94

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

Mailing Address 10 MULBERRY LN

City State Zip Code
 HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company Law Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **203.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807749

Amount of Each Receipt this Period
23.05

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

Mailing Address 10 MULBERRY LN

City State Zip Code
 HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company Law Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **226.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912261

Amount of Each Receipt this Period
23.05

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.04**

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

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

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

FOR LINE NUMBER: PAGE 61 OF 198
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. BRUCE R GOLDBERG
Full Name (Last, First, Middle Initial)
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 Law Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A2015-1065332
Amount of Each Receipt this Period
23.05

B. RICHARD M GOLICK
Full Name (Last, First, Middle Initial)
Mailing Address 2372 SIMPSON FARM WAY
City SMYRNA State GA Zip Code 30080
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation State Legis & Reg Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 389.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : A2015-807892
Amount of Each Receipt this Period
43.69

C. RICHARD M GOLICK
Full Name (Last, First, Middle Initial)
Mailing Address 2372 SIMPSON FARM WAY
City SMYRNA State GA Zip Code 30080
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation State Legis & Reg Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 433.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A2015-912404
Amount of Each Receipt this Period
43.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.43
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 62 OF 198 |
| | (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. RICHARD M GOLICK
Full Name (Last, First, Middle Initial)

Mailing Address 2372 SIMPSON FARM WAY

| | | |
|----------------|-------------|-------------------|
| City SMYRNA | State GA | Zip Code 30080 |
|----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation State Legis & Reg Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **476.72**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065476

Amount of Each Receipt this Period

| |
|-------|
| 43.69 |
|-------|

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

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 Claim Litigation 7 |
|--|----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.42**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807889

Amount of Each Receipt this Period

| |
|-------|
| 37.30 |
|-------|

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

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 Claim Litigation 7 |
|--|----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.72**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912401

Amount of Each Receipt this Period

| |
|-------|
| 37.30 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 118.29 |
| 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 64 OF 198
(check 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. GEORGE F GRAWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 N. Vail Avenue
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Lit Services-HO Legal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 613.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065304
 Amount of Each Receipt this Period
 60.96

B. KELLIE H GREEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Meadowlark Circle
 City State Zip Code
 Lindenhurst IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AGENCY SUPPORT CONTACT CENTER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 204.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912222
 Amount of Each Receipt this Period
 20.79

C. KELLIE H GREEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Meadowlark Circle
 City State Zip Code
 Lindenhurst IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AGENCY SUPPORT CONTACT CENTER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 224.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065293
 Amount of Each Receipt this Period
 20.79

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 65 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

| | | | | | | | | | | | | | | | |
|---|-------------|---|--|---------|--|--------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) A. Mark A Green | | | Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : A2015-807913 | | | M M | / | D D | / | Y Y Y Y | 05 | | 01 | | 2015 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | | | |
| 05 | | 01 | | 2015 | | | | | | | | | | | |
| Mailing Address 1711 Wildwood Ct | | | Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>68.35</td> </tr> </table> | | | 68.35 | | | | | | | | | |
| 68.35 | | | | | | | | | | | | | | | |
| City Glenview | State IL | Zip Code 60025 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation EB IVANTAGE | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>603.32</td> </tr> </table> | | | | 603.32 | | | | | | | | | |
| 603.32 | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|-------------|---|--|---------|--|--------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) B. Mark A Green | | | Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>15</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : A2015-912425 | | | M M | / | D D | / | Y Y Y Y | 05 | | 15 | | 2015 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | | | |
| 05 | | 15 | | 2015 | | | | | | | | | | | |
| Mailing Address 1711 Wildwood Ct | | | Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>68.35</td> </tr> </table> | | | 68.35 | | | | | | | | | |
| 68.35 | | | | | | | | | | | | | | | |
| City Glenview | State IL | Zip Code 60025 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation EB IVANTAGE | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>671.67</td> </tr> </table> | | | | 671.67 | | | | | | | | | |
| 671.67 | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|-------------|---|---|---------|--|--------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) C. Mark A Green | | | Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : A2015-1065497 | | | M M | / | D D | / | Y Y Y Y | 05 | | 29 | | 2015 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | | | |
| 05 | | 29 | | 2015 | | | | | | | | | | | |
| Mailing Address 1711 Wildwood Ct | | | Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>68.35</td> </tr> </table> | | | 68.35 | | | | | | | | | |
| 68.35 | | | | | | | | | | | | | | | |
| City Glenview | State IL | Zip Code 60025 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation EB IVANTAGE | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>740.02</td> </tr> </table> | | | | 740.02 | | | | | | | | | |
| 740.02 | | | | | | | | | | | | | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <table border="1" style="width:100%; text-align: right;"> <tr> <td>205.05</td> </tr> </table> | 205.05 |
| 205.05 | | |
| TOTAL This Period (last page this line number only).....▶ | <table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table> | |
| | | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 198 |
| | <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. JUDITH P GREFFIN | | Date of Receipt |
| Mailing Address 338 North Kenilworth | | M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015 |
| City | State | Zip Code |
| OAK PARK | IL | 60302 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A2015-807729 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation INVESTMENTS | | 80.77 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 711.36 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. JUDITH P GREFFIN | | Date of Receipt |
| Mailing Address 338 North Kenilworth | | M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2015 |
| City | State | Zip Code |
| OAK PARK | IL | 60302 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A2015-912241 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation INVESTMENTS | | 80.77 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 792.13 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. JUDITH P GREFFIN | | Date of Receipt |
| Mailing Address 338 North Kenilworth | | M M M / D D D / Y Y Y Y Y Y 05 / 29 / 2015 |
| City | State | Zip Code |
| OAK PARK | IL | 60302 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A2015-1065312 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation INVESTMENTS | | 80.77 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 872.90 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 242.31 |
| 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 67 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. M'BA G GREGOIRE | | | Date of Receipt <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> Transaction ID : A2015-807893 | | |
| Mailing Address 35 Linden Road | | | Amount of Each Receipt this Period <input type="text" value="45.06"/> | | |
| City Lake Zurich | State IL | Zip Code 60047 | | | |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation LIT SERV- EAST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="395.87"/> | | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. M'BA G GREGOIRE | | | Date of Receipt <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> Transaction ID : A2015-912405 | | |
| Mailing Address 35 Linden Road | | | Amount of Each Receipt this Period <input type="text" value="45.06"/> | | |
| City Lake Zurich | State IL | Zip Code 60047 | | | |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation LIT SERV- EAST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="440.93"/> | | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. M'BA G GREGOIRE | | | Date of Receipt <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> Transaction ID : A2015-1065477 | | |
| Mailing Address 35 Linden Road | | | Amount of Each Receipt this Period <input type="text" value="45.06"/> | | |
| City Lake Zurich | State IL | Zip Code 60047 | | | |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation LIT SERV- EAST | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="485.99"/> | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="135.18"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 68 OF 198
(check 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 EAST MOC NY DIST SUPP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065264

Amount of Each Receipt this Period
 19.59

Full Name (Last, First, Middle Initial)
B. GREGORY J GUIDOS

Mailing Address 6130 St. Andrews Ct.

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation
Allstate Insurance Company B2B ALLSTATE BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807835

Amount of Each Receipt this Period
 35.04

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

Mailing Address 6130 St. Andrews Ct.

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation
Allstate Insurance Company B2B ALLSTATE BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
344.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912346

Amount of Each Receipt this Period
 35.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.67

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

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

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FOR LINE NUMBER: PAGE 69 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. GREGORY J GUIDOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6130 St. Andrews Ct.
 City State Zip Code
 Ponte Vedra Beach FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company B2B ALLSTATE BENEFITS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 379.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065418
 Amount of Each Receipt this Period
 35.04

B. Sanjay Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1971 Farnsworth Ln
 City State Zip Code
 Northbrook IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 587.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807933
 Amount of Each Receipt this Period
 66.35

C. Sanjay Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1971 Farnsworth Ln
 City State Zip Code
 Northbrook IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 653.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912445
 Amount of Each Receipt this Period
 66.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.74
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 70 OF 198
(check 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. Sanjay Gupta

Mailing Address 1971 Farnsworth Ln

City State Zip Code
 Northbrook IL 60062

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

Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 719.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065517

Amount of Each Receipt this Period
 66.35

Full Name (Last, First, Middle Initial)
B. ROBERT R HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
 CRYSTAL LAKE IL 60012

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

Name of Employer Occupation
 Allstate Insurance Company HR INFRASTRUCTURE ALLSTATE PAYROL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 202.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065395

Amount of Each Receipt this Period
 18.54

Full Name (Last, First, Middle Initial)
C. RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company STRATEGY RESEARCH PROJECT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 383.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807873

Amount of Each Receipt this Period
 43.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.34

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 71 OF 198 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RANDALL M HANSON
Full Name (Last, First, Middle Initial)
Mailing Address 840 ALLEGHANY

| | | |
|---|---|-------------------|
| City GRAYSLAKE | State IL | Zip Code 60030 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation STRATEGY RESEARCH PROJECT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 426.98 | |

Date of Receipt
05 / 15 / 2015
Transaction ID : A2015-912385

Amount of Each Receipt this Period
43.45

B. 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 STRATEGY RESEARCH PROJECT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 470.43 | |

Date of Receipt
05 / 29 / 2015
Transaction ID : A2015-1065457

Amount of Each Receipt this Period
43.45

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 FSS TAX | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 613.89 | |

Date of Receipt
05 / 01 / 2015
Transaction ID : A2015-807916

Amount of Each Receipt this Period
69.22

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 156.12 |
| 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 72 OF 198 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. David 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 FSS TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **683.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912428

Amount of Each Receipt this Period
69.22

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 FSS TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **752.33**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065500

Amount of Each Receipt this Period
69.22

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

Mailing Address 4136 Three Lakes Drive

City Long Grove State IL Zip Code 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.33**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807928

Amount of Each Receipt this Period
66.12

SUBTOTAL of Receipts This Page (optional)..... **204.56**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 73 OF 198 |
| | (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. 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 ▼
654.45

Date of Receipt
MM / DD / YYYY
05 / 15 / 2015
Transaction ID : A2015-912440

Amount of Each Receipt this Period
66.12

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 ▼
720.57

Date of Receipt
MM / DD / YYYY
05 / 29 / 2015
Transaction ID : A2015-106512

Amount of Each Receipt this Period
66.12

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

Mailing Address 1431 W. Walton

City State Zip Code
Chicago IL 60642

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

Name of Employer Occupation
Allstate Insurance Company ALLIANCE STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.96

Date of Receipt
MM / DD / YYYY
05 / 29 / 2015
Transaction ID : A2015-1065492

Amount of Each Receipt this Period
19.26

SUBTOTAL of Receipts This Page (optional)..... ▶ 151.50

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 74 OF 198 |
| | <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 |
|-----------------------------|-----------------------------|-----------------------------|

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. James A Haskins | | Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-807930 |
| Mailing Address 511 Oak Knoll Road | | Amount of Each Receipt this Period 103.85 |
| City Barrington | State IL | Zip Code 60010 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation SVP-SAL-Regional Presiden | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 919.04 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. James A Haskins | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-912442 |
| Mailing Address 511 Oak Knoll Road | | Amount of Each Receipt this Period 103.85 |
| City Barrington | State IL | Zip Code 60010 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation SVP-SAL-Regional Presiden | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1022.89 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. James A Haskins | | Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-1065514 |
| Mailing Address 511 Oak Knoll Road | | Amount of Each Receipt this Period 103.85 |
| City Barrington | State IL | Zip Code 60010 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation SVP-SAL-Regional Presiden | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1126.74 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 311.55 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 75 OF 198
(check 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. KEITH A HAUSCHILDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Players Club Villas Rd
 City State Zip Code
 Ponte Vedra FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company B2B AB PRESIDENTS ADMIN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807727
 Amount of Each Receipt this Period
 40.21

B. KEITH A HAUSCHILDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Players Club Villas Rd
 City State Zip Code
 Ponte Vedra FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company B2B AB PRESIDENTS ADMIN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 398.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912239
 Amount of Each Receipt this Period
 40.21

C. KEITH A HAUSCHILDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Players Club Villas Rd
 City State Zip Code
 Ponte Vedra FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company B2B AB PRESIDENTS ADMIN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 438.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065310
 Amount of Each Receipt this Period
 40.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.63
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 76 OF 198
(check 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. Troy M Hawkes

Mailing Address 210 Ivy Glen Dr.

City Milford State MI Zip Code 48380

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 ▼ **454.62**

Date of Receipt
05 / 01 / 2015

Transaction ID : A2015-807936

Amount of Each Receipt this Period
50.77

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

Mailing Address 210 Ivy Glen Dr.

City Milford State MI Zip Code 48380

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 ▼ **505.39**

Date of Receipt
05 / 15 / 2015

Transaction ID : A2015-912448

Amount of Each Receipt this Period
50.77

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

Mailing Address 210 Ivy Glen Dr.

City Milford State MI Zip Code 48380

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 ▼ **556.16**

Date of Receipt
05 / 29 / 2015

Transaction ID : A2015-1065520

Amount of Each Receipt this Period
50.77

SUBTOTAL of Receipts This Page (optional)..... ▶ **152.31**

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 77 OF 198
(check 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. Jon E Hedegard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 Rose St. NE
 City Olympia State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807937
 Amount of Each Receipt this Period
 34.23

B. Jon E Hedegard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 Rose St. NE
 City Olympia State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912449
 Amount of Each Receipt this Period
 34.23

C. Jon E Hedegard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 Rose St. NE
 City Olympia State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 372.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065521
 Amount of Each Receipt this Period
 34.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.69
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 198 |
| | <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. 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 Personal Lines Product Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1267.11

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807711
 Amount of Each Receipt this Period
 143.89

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 Personal Lines Product Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1411.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912223
 Amount of Each Receipt this Period
 143.89

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 Personal Lines Product Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1554.89

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065294
 Amount of Each Receipt this Period
 143.89

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 431.67 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 79 OF 198
(check 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. SAM R HOUK

Mailing Address 1158 CIMARRON DR.

City State Zip Code
 CARY IL 60013

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

Name of Employer Occupation
 Allstate Insurance Company ALR STRATEGIC OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807758

Amount of Each Receipt this Period
 32.40

Full Name (Last, First, Middle Initial)
B. SAM R HOUK

Mailing Address 1158 CIMARRON DR.

City State Zip Code
 CARY IL 60013

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

Name of Employer Occupation
 Allstate Insurance Company ALR STRATEGIC OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912270

Amount of Each Receipt this Period
 32.40

Full Name (Last, First, Middle Initial)
C. SAM R HOUK

Mailing Address 1158 CIMARRON DR.

City State Zip Code
 CARY IL 60013

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

Name of Employer Occupation
 Allstate Insurance Company ALR STRATEGIC OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 353.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065341

Amount of Each Receipt this Period
 32.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.20

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 80 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
 ARLINGTON HTS. IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company HR Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 211.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912363

Amount of Each Receipt this Period
 21.32

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

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
 ARLINGTON HTS. IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company HR Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065435

Amount of Each Receipt this Period
 21.32

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

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
 JACKSONVILLE FL 32259

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

Name of Employer Occupation
 Allstate Insurance Company B2B ADS ADMIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807702

Amount of Each Receipt this Period
 23.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.10

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 81 OF 198 |
| | <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. 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 B2B ADS ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912214
 Amount of Each Receipt this Period
 23.46

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 B2B ADS ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065285
 Amount of Each Receipt this Period
 23.46

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 PATENTS LIT. SUPPORT SOD LAW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807782
 Amount of Each Receipt this Period
 60.39

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 107.31 |
| 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 82 OF 198 |
| | (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. STEPHEN L IHM

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 PATENTS LIT. SUPPORT SOD LAW |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.92**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912294

Amount of Each Receipt this Period

| |
|-------|
| 60.39 |
|-------|

Full Name (Last, First, Middle Initial)
B. STEPHEN L IHM

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 PATENTS LIT. SUPPORT SOD LAW |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **536.31**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065366

Amount of Each Receipt this Period

| |
|-------|
| 60.39 |
|-------|

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

Mailing Address 10825 CHAUCER DRIVE

| | | |
|------------------------|-------------|-------------------|
| City WILLOW SPRINGS | State IL | Zip Code 60480 |
|------------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation AF CAPTL MGMT/REINSURANCE/MODEL |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **459.41**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807770

Amount of Each Receipt this Period

| |
|-------|
| 52.29 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 173.07 |
| 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 83 OF 198 |
| | <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. MARIANO A IMBARRATO | | Date of Receipt |
| Mailing Address 10825 CHAUCER DRIVE | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| WILLOW SPRINGS | IL | 60480 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-912282 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | AF CAPTL MGMT/REINSURANCE/MODEL | <input type="text" value="52.29"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="511.70"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MARIANO A IMBARRATO | | Date of Receipt |
| Mailing Address 10825 CHAUCER DRIVE | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| WILLOW SPRINGS | IL | 60480 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-1065353 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | AF CAPTL MGMT/REINSURANCE/MODEL | <input type="text" value="52.29"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="563.99"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. LYNNE A IVERSON | | Date of Receipt |
| Mailing Address 890 BLAZING STAR TRAIL | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| CARY | IL | 60013 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-807761 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | COMMUNICATION AND OPERATIONAL SUP | <input type="text" value="32.95"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="293.63"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="137.53"/> |
| 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: (check only one) | PAGE 84 OF 198 |
| | <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. LYNNE A IVERSON | | Date of Receipt |
| Mailing Address 890 BLAZING STAR TRAIL | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| CARY | IL | 60013 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-912273 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | COMMUNICATION AND OPERATIONAL SUF | <input type="text" value="32.95"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="326.58"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LYNNE A IVERSON | | Date of Receipt |
| Mailing Address 890 BLAZING STAR TRAIL | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| CARY | IL | 60013 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-1065344 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | COMMUNICATION AND OPERATIONAL SUF | <input type="text" value="32.95"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="359.53"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. BOB A JACKSON | | Date of Receipt |
| Mailing Address 226 Maison Court | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Altamonte Springs | FL | 32714 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-807876 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | EAST MOC FLA DIST | <input type="text" value="23.85"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="214.65"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="89.75"/> |
| 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 85 OF 198 |
| | <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. BOB A JACKSON
Full Name (Last, First, Middle Initial)
Mailing Address 226 Maison Court

| | | |
|---------------------------|-------------|-------------------|
| City Altamonte Springs | State FL | Zip Code 32714 |
|---------------------------|-------------|-------------------|

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

| | |
|--|---------------------------------|
| Name of Employer Allstate Insurance Company | Occupation EAST MOC FLA DIST |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912388

Amount of Each Receipt this Period
23.85

B. BOB A JACKSON
Full Name (Last, First, Middle Initial)
Mailing Address 226 Maison Court

| | | |
|---------------------------|-------------|-------------------|
| City Altamonte Springs | State FL | Zip Code 32714 |
|---------------------------|-------------|-------------------|

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

| | |
|--|---------------------------------|
| Name of Employer Allstate Insurance Company | Occupation EAST MOC FLA DIST |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.35

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065460

Amount of Each Receipt this Period
23.85

C. JAMES C JAMIESON
Full Name (Last, First, Middle Initial)
Mailing Address 935 Lancaster Rd..

| | | |
|---------------------|-------------|-------------------|
| City Lake Zurich | State IL | Zip Code 60047 |
|---------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer Allstate Insurance Company | Occupation Portfolio Administration |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
377.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807746

Amount of Each Receipt this Period
42.99

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.69 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 86 OF 198
(check 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 C JAMIESON

Mailing Address 935 Lancaster Rd..

City State Zip Code
 Lake Zurich IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company Portfolio Administration

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.67

Date of Receipt
 05 / 15 / 2015
Transaction ID : A2015-912258

Amount of Each Receipt this Period
 42.99

Full Name (Last, First, Middle Initial)
B. JAMES C JAMIESON

Mailing Address 935 Lancaster Rd..

City State Zip Code
 Lake Zurich IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company Portfolio Administration

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 463.66

Date of Receipt
 05 / 29 / 2015
Transaction ID : A2015-1065329

Amount of Each Receipt this Period
 42.99

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

Mailing Address 1217 BARCLAY CIRCLE

City State Zip Code
 BARRINGTON IL 60010

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

Name of Employer Occupation
 Allstate Insurance Company U/W POLICY & TOOLS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 206.48

Date of Receipt
 05 / 29 / 2015
Transaction ID : A2015-1065422

Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.98

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 87 OF 198
(check 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 A KANE

Mailing Address 2180 Trailblazer Way

City State Zip Code
Castle Rock CO 80109

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

Name of Employer Occupation
Allstate Insurance Company MOC - NEW JERSEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807671

Amount of Each Receipt this Period
26.24

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

Mailing Address 2180 Trailblazer Way

City State Zip Code
Castle Rock CO 80109

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

Name of Employer Occupation
Allstate Insurance Company MOC - NEW JERSEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
257.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912183

Amount of Each Receipt this Period
26.24

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

Mailing Address 2180 Trailblazer Way

City State Zip Code
Castle Rock CO 80109

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

Name of Employer Occupation
Allstate Insurance Company MOC - NEW JERSEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
284.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065255

Amount of Each Receipt this Period
26.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.72

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 88 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. TIMOTHY M KATHRENS
 Mailing Address 703 HIGHLAND CT
 City State Zip Code
 GRAYSLAKE IL 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company COMPLIANCE & CONTINUITY MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 207.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065428
 Amount of Each Receipt this Period
 19.22

Full Name (Last, First, Middle Initial)
B. Wilford J Kavanaugh
 Mailing Address 7 Open Parkway North
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807923
 Amount of Each Receipt this Period
 58.66

Full Name (Last, First, Middle Initial)
C. Wilford J Kavanaugh
 Mailing Address 7 Open Parkway North
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912435
 Amount of Each Receipt this Period
 58.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.54
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 89 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Wilford J Kavanaugh
 Mailing Address 7 Open Parkway North
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 642.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065507
 Amount of Each Receipt this Period
 58.66

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER R KIAH
 Mailing Address 221 BRAMPTON LN
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company STRATEGIC OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 530.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807658
 Amount of Each Receipt this Period
 59.08

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER R KIAH
 Mailing Address 221 BRAMPTON LN
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company STRATEGIC OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 590.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912170
 Amount of Each Receipt this Period
 59.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.82
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 90 OF 198
(check 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 R KIAH

Mailing Address 221 BRAMPTON LN

City State Zip Code
 LAKE FOREST IL 60045

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

Name of Employer Occupation
 Allstate Insurance Company STRATEGIC OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **649.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065242

Amount of Each Receipt this Period
59.08

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

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
 BARTLETT IL 60103

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

Name of Employer Occupation
 Allstate Insurance Company North LightTech/IA Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **406.85**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807747

Amount of Each Receipt this Period
45.43

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

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
 BARTLETT IL 60103

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

Name of Employer Occupation
 Allstate Insurance Company North LightTech/IA Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **452.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912259

Amount of Each Receipt this Period
45.43

SUBTOTAL of Receipts This Page (optional)..... ▶ **149.94**

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 91 OF 198 |
| | <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. 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 North LightTech/IA Tech |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **497.71**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065330

Amount of Each Receipt this Period

| | |
|-------|-------|
| 90.17 | 45.43 |
|-------|-------|

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

Mailing Address 25396 W Columbia Bay Drive

| | | |
|--------------------|-------------|-------------------|
| City Lake Villa | State IL | Zip Code 60046 |
|--------------------|-------------|-------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation AGENCY FINANCE SUPPORT |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.33**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912216

Amount of Each Receipt this Period

| |
|-------|
| 22.37 |
|-------|

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

Mailing Address 25396 W Columbia Bay Drive

| | | |
|--------------------|-------------|-------------------|
| City Lake Villa | State IL | Zip Code 60046 |
|--------------------|-------------|-------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation AGENCY FINANCE SUPPORT |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.70**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065287

Amount of Each Receipt this Period

| |
|-------|
| 22.37 |
|-------|

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | 90.17 |
| 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 92 OF 198 |
| | (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. Stephen B King

Mailing Address 1620 Monterey

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

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

| | |
|--|--|
| Name of Employer Allstate Insurance Company | Occupation HR TALENT & LEADERSHIP EFFECTIVENE |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.35**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807911

Amount of Each Receipt this Period

| |
|-------|
| 31.38 |
|-------|

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

Mailing Address 1620 Monterey

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

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

| | |
|--|--|
| Name of Employer Allstate Insurance Company | Occupation HR TALENT & LEADERSHIP EFFECTIVENE |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.73**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912423

Amount of Each Receipt this Period

| |
|-------|
| 31.38 |
|-------|

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

Mailing Address 1620 Monterey

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

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

| | |
|--|--|
| Name of Employer Allstate Insurance Company | Occupation HR TALENT & LEADERSHIP EFFECTIVENE |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.11**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065495

Amount of Each Receipt this Period

| |
|-------|
| 31.38 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 94.14 |
| 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 93 OF 198
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 132 FARMSTEAD CIRCLE

| | | |
|-----------------|-------------|-------------------|
| City LEBANON | State PA | Zip Code 17042 |
|-----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation State Legis & Reg Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.75**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807695

Amount of Each Receipt this Period

| |
|-------|
| 23.47 |
|-------|

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

Mailing Address 132 FARMSTEAD CIRCLE

| | | |
|-----------------|-------------|-------------------|
| City LEBANON | State PA | Zip Code 17042 |
|-----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation State Legis & Reg Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.22**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912207

Amount of Each Receipt this Period

| |
|-------|
| 23.47 |
|-------|

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

Mailing Address 132 FARMSTEAD CIRCLE

| | | |
|-----------------|-------------|-------------------|
| City LEBANON | State PA | Zip Code 17042 |
|-----------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation State Legis & Reg Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.69**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065279

Amount of Each Receipt this Period

| |
|-------|
| 23.47 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 70.41 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 94 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2050 GLENDALE AVE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation UNDERWRITING AND CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **353.93**

Date of Receipt
05 / 01 / 2015

Transaction ID : A2015-807871

Amount of Each Receipt this Period
40.14

Full Name (Last, First, Middle Initial)
B. 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 UNDERWRITING AND CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.07**

Date of Receipt
05 / 15 / 2015

Transaction ID : A2015-912383

Amount of Each Receipt this Period
40.14

Full Name (Last, First, Middle Initial)
C. 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 UNDERWRITING AND CLAIMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **434.21**

Date of Receipt
05 / 29 / 2015

Transaction ID : A2015-1065455

Amount of Each Receipt this Period
40.14

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.42**

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 95 OF 198
(check 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 4513 Jenna Rd
 City State Zip Code
 Glenview IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AF AFT ARCHITECTURE SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 338.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807816
 Amount of Each Receipt this Period
 38.54

B. JAIKRISHNA KUCHIMANCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4513 Jenna Rd
 City State Zip Code
 Glenview IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AF AFT ARCHITECTURE SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 377.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912327
 Amount of Each Receipt this Period
 38.54

C. JAIKRISHNA KUCHIMANCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4513 Jenna Rd
 City State Zip Code
 Glenview IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AF AFT ARCHITECTURE SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065399
 Amount of Each Receipt this Period
 38.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.62
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 96 OF 198
(check 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. J Wayne W KULLMAN | | | Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : A2015-807717 | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 1 | | 2 | 0 | 1 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 1 | 5 | | | | | | | | | | | | | | | | |
| Mailing Address 2005 Henley St. | | | Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>25.22</td> </tr> </table> | | | 25.22 | | | | | | | | | | | | | | | | | | | |
| 25.22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City GLENVIEW | State IL | Zip Code 60025 | | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation Strategic Dist. Bus. Platform 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>224.19</td> </tr> </table> | | | | 224.19 | | | | | | | | | | | | | | | | | | | |
| 224.19 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|---|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. J Wayne W KULLMAN | | | Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : A2015-912229 | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 5 | | 2 | 0 | 1 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 5 | | 1 | 5 | | 2 | 0 | 1 | 5 | | | | | | | | | | | | | | | | |
| Mailing Address 2005 Henley St. | | | Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>25.22</td> </tr> </table> | | | 25.22 | | | | | | | | | | | | | | | | | | | |
| 25.22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City GLENVIEW | State IL | Zip Code 60025 | | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation Strategic Dist. Bus. Platform 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>249.41</td> </tr> </table> | | | | 249.41 | | | | | | | | | | | | | | | | | | | |
| 249.41 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|---|--|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. J Wayne W KULLMAN | | | Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : A2015-1065300 | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 9 | | 2 | 0 | 1 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 5 | | 2 | 9 | | 2 | 0 | 1 | 5 | | | | | | | | | | | | | | | | |
| Mailing Address 2005 Henley St. | | | Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>25.22</td> </tr> </table> | | | 25.22 | | | | | | | | | | | | | | | | | | | |
| 25.22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City GLENVIEW | State IL | Zip Code 60025 | | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation Strategic Dist. Bus. Platform 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>274.63</td> </tr> </table> | | | | 274.63 | | | | | | | | | | | | | | | | | | | |
| 274.63 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <table border="1" style="width:100%; text-align: right;"> <tr> <td>75.66</td> </tr> </table> | 75.66 |
| 75.66 | | |
| TOTAL This Period (last page this line number only).....▶ | <table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table> | |
| | | |

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

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

FOR LINE NUMBER: PAGE 97 OF 198
(check 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 1950 Merritt 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 LAW AND REGULATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1012.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807656

Amount of Each Receipt this Period
 115.38

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

Mailing Address 1950 Merritt 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 LAW AND REGULATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1127.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912168

Amount of Each Receipt this Period
 115.38

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

Mailing Address 1950 Merritt 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 LAW AND REGULATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1243.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065240

Amount of Each Receipt this Period
 115.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 346.14

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 98 OF 198 |
| | (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. Peter G Logothesis
Full Name (Last, First, Middle Initial)

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 ▼ **570.19**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807924

Amount of Each Receipt this Period

| |
|-------|
| 63.67 |
|-------|

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

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 ▼ **633.86**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912436

Amount of Each Receipt this Period

| |
|-------|
| 63.67 |
|-------|

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

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 ▼ **697.53**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065508

Amount of Each Receipt this Period

| |
|-------|
| 63.67 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 191.01 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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FOR LINE NUMBER: PAGE 99 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 29 Tullach Place

City State Zip Code
 Stonebrae CA 94542

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

Name of Employer Occupation
 Allstate Insurance Company Business System Infrastructure

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807698

Amount of Each Receipt this Period
 29.65

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

Mailing Address 29 Tullach Place

City State Zip Code
 Stonebrae CA 94542

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

Name of Employer Occupation
 Allstate Insurance Company Business System Infrastructure

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912210

Amount of Each Receipt this Period
 29.65

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

Mailing Address 29 Tullach Place

City State Zip Code
 Stonebrae CA 94542

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

Name of Employer Occupation
 Allstate Insurance Company Business System Infrastructure

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065281

Amount of Each Receipt this Period
 29.65

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.95

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 100 OF 198
(check 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 Lit Serv- California

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 343.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : A2015-807891

Amount of Each Receipt this Period
 39.05

Full Name (Last, First, Middle Initial)
B. 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 Lit Serv- California

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 382.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A2015-912403

Amount of Each Receipt this Period
 39.05

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 Lit Serv- California

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 421.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : A2015-1065475

Amount of Each Receipt this Period
 39.05

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.15

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 101 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

| | | | | | | | | |
|---|-------------|---|---|--------|--|-------------|-------------|-------------------|
| Full Name (Last, First, Middle Initial) A. COREY C LUECHT | | | Date of Receipt <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M 05</td> <td style="width:33%; text-align:center;">D D D 01</td> <td style="width:33%; text-align:center;">Y Y Y Y Y 2015</td> </tr> </table> Transaction ID : A2015-807794 | | | M M M 05 | D D D 01 | Y Y Y Y Y 2015 |
| M M M 05 | D D D 01 | Y Y Y Y Y 2015 | | | | | | |
| Mailing Address 843 Spring Cove Dr | | | Amount of Each Receipt this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align:right;">23.39</td> </tr> </table> | | | | 23.39 | |
| | 23.39 | | | | | | | |
| City SCHAUMBURG | State IL | Zip Code 60193 | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation SPS - STRATEGIC ALLIANCES/OFFSHORE | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align:right;">208.44</td> </tr> </table> | | 208.44 | | | | |
| | 208.44 | | | | | | | |

| | | | | | | | | |
|---|-------------|---|---|--------|--|-------------|-------------|-------------------|
| Full Name (Last, First, Middle Initial) B. COREY C LUECHT | | | Date of Receipt <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M 05</td> <td style="width:33%; text-align:center;">D D D 15</td> <td style="width:33%; text-align:center;">Y Y Y Y Y 2015</td> </tr> </table> Transaction ID : A2015-912306 | | | M M M 05 | D D D 15 | Y Y Y Y Y 2015 |
| M M M 05 | D D D 15 | Y Y Y Y Y 2015 | | | | | | |
| Mailing Address 843 Spring Cove Dr | | | Amount of Each Receipt this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align:right;">23.39</td> </tr> </table> | | | | 23.39 | |
| | 23.39 | | | | | | | |
| City SCHAUMBURG | State IL | Zip Code 60193 | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation SPS - STRATEGIC ALLIANCES/OFFSHORE | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align:right;">231.83</td> </tr> </table> | | 231.83 | | | | |
| | 231.83 | | | | | | | |

| | | | | | | | | |
|---|-------------|---|--|--------|--|-------------|-------------|-------------------|
| Full Name (Last, First, Middle Initial) C. COREY C LUECHT | | | Date of Receipt <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M M 05</td> <td style="width:33%; text-align:center;">D D D 29</td> <td style="width:33%; text-align:center;">Y Y Y Y Y 2015</td> </tr> </table> Transaction ID : A2015-1065378 | | | M M M 05 | D D D 29 | Y Y Y Y Y 2015 |
| M M M 05 | D D D 29 | Y Y Y Y Y 2015 | | | | | | |
| Mailing Address 843 Spring Cove Dr | | | Amount of Each Receipt this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align:right;">23.39</td> </tr> </table> | | | | 23.39 | |
| | 23.39 | | | | | | | |
| City SCHAUMBURG | State IL | Zip Code 60193 | | | | | | |
| FEC ID number of contributing federal political committee. C | | | | | | | | |
| Name of Employer Allstate Insurance Company | | Occupation SPS - STRATEGIC ALLIANCES/OFFSHORE | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align:right;">255.22</td> </tr> </table> | | 255.22 | | | | |
| | 255.22 | | | | | | | |

| | | | |
|--|--|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align:right;">70.17</td> </tr> </table> | | 70.17 |
| | 70.17 | | |
| TOTAL This Period (last page this line number only).....▶ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table> | | |
| | | | |

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

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

FOR LINE NUMBER: PAGE 102 OF 198
(check 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. 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 Ins Ops Law - 5
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807806
 Amount of Each Receipt this Period
 36.23

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 Ins Ops Law - 5
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912317
 Amount of Each Receipt this Period
 36.23

C. 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 Ins Ops Law - 5
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065389
 Amount of Each Receipt this Period
 36.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.69
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 103 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Katherine A Mabe

Mailing Address 2750 Commons Drive

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
Allstate Insurance Company EVP-B2B-President Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1033.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807922

Amount of Each Receipt this Period
117.69

Full Name (Last, First, Middle Initial)
B. Katherine A Mabe

Mailing Address 2750 Commons Drive

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
Allstate Insurance Company EVP-B2B-President Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912434

Amount of Each Receipt this Period
117.69

Full Name (Last, First, Middle Initial)
C. Katherine A Mabe

Mailing Address 2750 Commons Drive

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
Allstate Insurance Company EVP-B2B-President Busine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1268.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065506

Amount of Each Receipt this Period
117.69

SUBTOTAL of Receipts This Page (optional)..... ▶ **353.07**

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

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

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

FOR LINE NUMBER: PAGE 104 OF 198
(check 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. DANIEL J MACDONALD
 Full Name (Last, First, Middle Initial)
 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 West MOC WC Dist TSL3
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 206.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807850
 Amount of Each Receipt this Period
 22.90

B. DANIEL J MACDONALD
 Full Name (Last, First, Middle Initial)
 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 West MOC WC Dist TSL3
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912362
 Amount of Each Receipt this Period
 22.90

C. DANIEL J MACDONALD
 Full Name (Last, First, Middle Initial)
 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 West MOC WC Dist TSL3
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 251.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065434
 Amount of Each Receipt this Period
 22.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.70
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 105 OF 198
(check 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 CORPORATE ACCOUNTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 224.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807754
 Amount of Each Receipt this Period
 25.31

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 CORPORATE ACCOUNTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912266
 Amount of Each Receipt this Period
 25.31

C. 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 CORPORATE ACCOUNTING
 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
 05 / 29 / 2015
Transaction ID : A2015-1065337
 Amount of Each Receipt this Period
 25.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.93
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 106 OF 198
(check 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. Rhonda J Masser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Wildwood Dr
 City McHenry State IL Zip Code 60051
 Date of Receipt 05 / 01 / 2015
Transaction ID : A2015-807736
 Amount of Each Receipt this Period 42.63
 FEC ID number of contributing federal political committee. C
 Name of Employer Allstate Insurance Company Occupation HR BP-ProdOpsLaw&RegDASRisk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.04

B. Rhonda J Masser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Wildwood Dr
 City McHenry State IL Zip Code 60051
 Date of Receipt 05 / 15 / 2015
Transaction ID : A2015-912248
 Amount of Each Receipt this Period 42.63
 FEC ID number of contributing federal political committee. C
 Name of Employer Allstate Insurance Company Occupation HR BP-ProdOpsLaw&RegDASRisk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.67

C. Rhonda J Masser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Wildwood Dr
 City McHenry State IL Zip Code 60051
 Date of Receipt 05 / 29 / 2015
Transaction ID : A2015-1065319
 Amount of Each Receipt this Period 42.63
 FEC ID number of contributing federal political committee. C
 Name of Employer Allstate Insurance Company Occupation HR BP-ProdOpsLaw&RegDASRisk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 463.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.89
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 107 OF 198 |
| | <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 R MATHEWS
Full Name (Last, First, Middle Initial)

Mailing Address 401 E NORTH AVENUE

City LAKE BLUFF State IL Zip Code 60044

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

Name of Employer Allstate Insurance Company Occupation PUBLIC POLICY DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : A2015-807807

Amount of Each Receipt this Period
 23.27

B. JOHN R MATHEWS
Full Name (Last, First, Middle Initial)

Mailing Address 401 E NORTH AVENUE

City LAKE BLUFF State IL Zip Code 60044

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

Name of Employer Allstate Insurance Company Occupation PUBLIC POLICY DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A2015-912318

Amount of Each Receipt this Period
 23.27

C. JOHN R MATHEWS
Full Name (Last, First, Middle Initial)

Mailing Address 401 E NORTH AVENUE

City LAKE BLUFF State IL Zip Code 60044

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

Name of Employer Allstate Insurance Company Occupation PUBLIC POLICY DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : A2015-1065390

Amount of Each Receipt this Period
 23.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.81

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 108 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JOHN A MC LAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25748 N. Stoney Kirk Ct.
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Ins Ops Law - 2
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807767
 Amount of Each Receipt this Period
 42.94

B. JOHN A MC LAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25748 N. Stoney Kirk Ct.
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Ins Ops Law - 2
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 427.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912279
 Amount of Each Receipt this Period
 42.94

C. JOHN A MC LAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25748 N. Stoney Kirk Ct.
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Ins Ops Law - 2
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 470.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065350
 Amount of Each Receipt this Period
 42.94

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.82
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 198
(check 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. SCOTT A MCCONNELL

Mailing Address 21722 N TIMBER RIDGE CT

City State Zip Code
 KILDEER IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company TECHNOLOGY DELIVERY CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 207.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912245

Amount of Each Receipt this Period
 20.92

Full Name (Last, First, Middle Initial)
B. SCOTT A MCCONNELL

Mailing Address 21722 N TIMBER RIDGE CT

City State Zip Code
 KILDEER IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company TECHNOLOGY DELIVERY CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 228.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065316

Amount of Each Receipt this Period
 20.92

Full Name (Last, First, Middle Initial)
C. THOMAS R MCDONNELL

Mailing Address 1519 Lincoln Street

City State Zip Code
 EVANSTON IL 60201

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

Name of Employer Occupation
 Allstate Insurance Company FINANCE OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807849

Amount of Each Receipt this Period
 57.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.35

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 110 OF 198
(check 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 R MCDONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1519 Lincoln Street
 City State Zip Code
 EVANSTON IL 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company FINANCE OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 287.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912361
 Amount of Each Receipt this Period
 57.51

B. THOMAS R MCDONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1519 Lincoln Street
 City State Zip Code
 EVANSTON IL 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company FINANCE OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065433
 Amount of Each Receipt this Period
 57.51

C. LEE L McElroy
 Full Name (Last, First, Middle Initial)
 Mailing Address 7808 ROYAL SYDNEY DR
 City State Zip Code
 GAINESVILLE VA 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company East MOC CAP Distribution TDL3 FSC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 201.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065470
 Amount of Each Receipt this Period
 18.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.52
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 111 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company CLAIMS CENTRALIZED SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.57

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807880

Amount of Each Receipt this Period
33.48

Full Name (Last, First, Middle Initial)
B. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company CLAIMS CENTRALIZED SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
331.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912392

Amount of Each Receipt this Period
33.48

Full Name (Last, First, Middle Initial)
C. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company CLAIMS CENTRALIZED SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.53

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065464

Amount of Each Receipt this Period
33.48

SUBTOTAL of Receipts This Page (optional)..... ► **100.44**

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

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

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

FOR LINE NUMBER: PAGE 112 OF 198
(check 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. EVA M MCINTEE

Mailing Address 4109 W Bath Road

City Akron State OH Zip Code 44333

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

Name of Employer Allstate Insurance Company Occupation CLAIMS - NORTH CENTRAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **419.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807879

Amount of Each Receipt this Period
46.81

Full Name (Last, First, Middle Initial)
B. EVA M MCINTEE

Mailing Address 4109 W Bath Road

City Akron State OH Zip Code 44333

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

Name of Employer Allstate Insurance Company Occupation CLAIMS - NORTH CENTRAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912391

Amount of Each Receipt this Period
46.81

Full Name (Last, First, Middle Initial)
C. EVA M MCINTEE

Mailing Address 4109 W Bath Road

City Akron State OH Zip Code 44333

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

Name of Employer Allstate Insurance Company Occupation CLAIMS - NORTH CENTRAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065463

Amount of Each Receipt this Period
46.81

SUBTOTAL of Receipts This Page (optional)..... ▶ **140.43**

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 113 OF 198 |
| | <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 J MCRAE
Full Name (Last, First, Middle Initial)

Mailing Address 83 Arcadia Lane

City LAKE ZURICH State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation TECHNOLOGY STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : A2015-807725

Amount of Each Receipt this Period
 30.51

B. JEFFREY J MCRAE
Full Name (Last, First, Middle Initial)

Mailing Address 83 Arcadia Lane

City LAKE ZURICH State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation TECHNOLOGY STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A2015-912237

Amount of Each Receipt this Period
 30.51

C. JEFFREY J MCRAE
Full Name (Last, First, Middle Initial)

Mailing Address 83 Arcadia Lane

City LAKE ZURICH State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation TECHNOLOGY STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : A2015-1065308

Amount of Each Receipt this Period
 30.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.53

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

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

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

FOR LINE NUMBER: PAGE 114 OF 198
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Jesse E Merten
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Logan Loop
 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-FSS-Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 646.89

Date of Receipt
 05 / 01 / 2015
Transaction ID : A2015-807925
 Amount of Each Receipt this Period
 72.00

B. Jesse E Merten
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Logan Loop
 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-FSS-Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 718.89

Date of Receipt
 05 / 15 / 2015
Transaction ID : A2015-912437
 Amount of Each Receipt this Period
 72.00

C. Jesse E Merten
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Logan Loop
 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-FSS-Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.89

Date of Receipt
 05 / 29 / 2015
Transaction ID : A2015-1065509
 Amount of Each Receipt this Period
 72.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.00
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 115 OF 198 |
| | <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 W MICHELI
Full Name (Last, First, Middle Initial)

Mailing Address 2245 Hazeltime 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 COST STRUCTURE MANAGEMENT |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912186

Amount of Each Receipt this Period
22.14

B. JOHN W MICHELI
Full Name (Last, First, Middle Initial)

Mailing Address 2245 Hazeltime 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 COST STRUCTURE MANAGEMENT |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.62

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065258

Amount of Each Receipt this Period
22.14

C. FREDERICK J MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 16343 Smith Mountain Lake Parkway

| | | |
|--------------------|-------------|-------------------|
| City Huddleston | State VA | Zip Code 24104 |
|--------------------|-------------|-------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation East MOC CAP Dist TDL2 |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.92

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807732

Amount of Each Receipt this Period
35.46

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 79.74 |
| 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 116 OF 198 |
| | (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. 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 | East MOC CAP Dist TDL2 |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.38**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912244

Amount of Each Receipt this Period

| |
|-------|
| 35.46 |
|-------|

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 | East MOC CAP Dist TDL2 |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.84**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065315

Amount of Each Receipt this Period

| |
|-------|
| 35.46 |
|-------|

C. STEVEN M MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 436 N. Harrison St

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| ALGONQUIN | IL | 60102 |

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

| | |
|----------------------------|------------------------------|
| Name of Employer | Occupation |
| Allstate Insurance Company | Life & Retirement Technology |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.02**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807831

Amount of Each Receipt this Period

| |
|-------|
| 26.16 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 97.08 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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FOR LINE NUMBER: PAGE 117 OF 198
(check 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 M MILLER

Mailing Address 436 N. Harrison St

City State Zip Code
 ALGONQUIN IL 60102

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

Name of Employer Occupation
 Allstate Insurance Company Life & Retirement Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 258.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912342

Amount of Each Receipt this Period
 26.16

Full Name (Last, First, Middle Initial)
B. STEVEN M MILLER

Mailing Address 436 N. Harrison St

City State Zip Code
 ALGONQUIN IL 60102

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

Name of Employer Occupation
 Allstate Insurance Company Life & Retirement Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 284.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065414

Amount of Each Receipt this Period
 26.16

Full Name (Last, First, Middle Initial)
C. AMY B MILLS

Mailing Address 1145 Norman Lane

City State Zip Code
 Deerfield IL 60015

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

Name of Employer Occupation
 Allstate Insurance Company HR Client Partnership-Brand Distri

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 203.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807897

Amount of Each Receipt this Period
 23.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.40

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

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

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

FOR LINE NUMBER: PAGE 118 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. AMY B MILLS

Mailing Address 1145 Norman Lane

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Allstate Insurance Company HR Client Partnership-Brand Distri

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **226.88**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912409

Amount of Each Receipt this Period
23.08

Full Name (Last, First, Middle Initial)
B. AMY B MILLS

Mailing Address 1145 Norman Lane

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Allstate Insurance Company HR Client Partnership-Brand Distri

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.96**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065481

Amount of Each Receipt this Period
23.08

Full Name (Last, First, Middle Initial)
C. ALLISON L MOE

Mailing Address 215 Brampton 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 PRODUCT MANAGEMENT EAST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.71**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807769

Amount of Each Receipt this Period
31.67

SUBTOTAL of Receipts This Page (optional)..... **77.83**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 198 |
| | <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. ALLISON L MOE
Full Name (Last, First, Middle Initial)
Mailing Address 215 Brampton Lane

| | | |
|---------------------|-------------|-------------------|
| City Lake Forest | State IL | Zip Code 60045 |
|---------------------|-------------|-------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation PRODUCT MANAGEMENT EAST |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912281

Amount of Each Receipt this Period
31.67

B. ALLISON L MOE
Full Name (Last, First, Middle Initial)
Mailing Address 215 Brampton Lane

| | | |
|---------------------|-------------|-------------------|
| City Lake Forest | State IL | Zip Code 60045 |
|---------------------|-------------|-------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation PRODUCT MANAGEMENT EAST |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
284.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065352

Amount of Each Receipt this Period
31.67

C. MEGHAN O MULVIHILL
Full Name (Last, First, Middle Initial)
Mailing Address 2445 CHERRY LANE

| | | |
|--------------------|-------------|-------------------|
| City NORTHBROOK | State IL | Zip Code 60062 |
|--------------------|-------------|-------------------|

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

| | |
|--|-----------------------------|
| Name of Employer Allstate Insurance Company | Occupation STATE FILINGS |
|--|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
373.14

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807707

Amount of Each Receipt this Period
42.47

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 105.81 |
| 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 120 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MEGHAN O MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation STATE FILINGS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912219
 Amount of Each Receipt this Period
 42.47

B. MEGHAN O MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation STATE FILINGS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065290
 Amount of Each Receipt this Period
 42.47

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 CLAIM LITIGATION 1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807751
 Amount of Each Receipt this Period
 45.77

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.71
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 121 OF 198
(check 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 CLAIM LITIGATION 1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 453.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912263
 Amount of Each Receipt this Period
 45.77

B. 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 CLAIM LITIGATION 1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065334
 Amount of Each Receipt this Period
 45.77

C. JAMES E MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 23665 N. HILLFARM RD
 City LAKE BARRINGTON State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CLAIMS - CENTRALIZED SERVICE FOUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807655
 Amount of Each Receipt this Period
 56.07

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.61
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 198 |
| | <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. JAMES E MURRAY | | Date of Receipt |
| Mailing Address 23665 N. HILLFARM RD | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| LAKE BARRINGTON | IL | 60010 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-912167 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | CLAIMS - CENTRALIZED SERVICE FOUR | <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="390.20"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JAMES E MURRAY | | Date of Receipt |
| Mailing Address 23665 N. HILLFARM RD | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| LAKE BARRINGTON | IL | 60010 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-1065239 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | CLAIMS - CENTRALIZED SERVICE FOUR | <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="446.27"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DAVID G NADIG | | Date of Receipt |
| Mailing Address 2950 LAKE PLACID | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| NORTHBROOK | IL | 60062 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-807823 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | INSURANCE OPERATIONS LAW | <input type="text" value="69.06"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="611.01"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="181.20"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 OF 198 |
| | <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. DAVID G NADIG | | Date of Receipt |
| Mailing Address 2950 LAKE PLACID | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| NORTHBROOK | IL | 60062 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-912334 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | INSURANCE OPERATIONS LAW | <input type="text" value="69.06"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="680.07"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DAVID G NADIG | | Date of Receipt |
| Mailing Address 2950 LAKE PLACID | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| NORTHBROOK | IL | 60062 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-1065406 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | INSURANCE OPERATIONS LAW | <input type="text" value="69.06"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="749.13"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DANIEL C NECASTRO | | Date of Receipt |
| Mailing Address 22622 N. LINDEN DR | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| LAKE BARRINGTON | IL | 60010 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-807742 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | BUSINESS TO BUSINESS | <input type="text" value="74.95"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="224.85"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="213.07"/> |
| 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 124 OF 198 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 22622 N. LINDEN DR

City LAKE BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation BUSINESS TO BUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.80

Date of Receipt
05 / 15 / 2015
Transaction ID : A2015-912254

Amount of Each Receipt this Period
74.95

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

Mailing Address 22622 N. LINDEN DR

City LAKE BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation BUSINESS TO BUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 374.75

Date of Receipt
05 / 29 / 2015
Transaction ID : A2015-1065325

Amount of Each Receipt this Period
74.95

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 ENTERPRISE BUSINESS CONDUCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 582.12

Date of Receipt
05 / 01 / 2015
Transaction ID : A2015-807865

Amount of Each Receipt this Period
65.32

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.22

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

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

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

FOR LINE NUMBER: PAGE 125 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
 DEER PARK IL 60010

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

Name of Employer Occupation
 Allstate Insurance Company ENTERPRISE BUSINESS CONDUCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 647.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912377

Amount of Each Receipt this Period
 65.32

Full Name (Last, First, Middle Initial)
B. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
 DEER PARK IL 60010

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

Name of Employer Occupation
 Allstate Insurance Company ENTERPRISE BUSINESS CONDUCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 712.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065449

Amount of Each Receipt this Period
 65.32

Full Name (Last, First, Middle Initial)
C. 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 AF CS CONTACT CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807737

Amount of Each Receipt this Period
 22.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.11

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 OF 198 |
| | <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 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 AF CS CONTACT CENTER |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.72**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912249

Amount of Each Receipt this Period

| |
|-------|
| 22.47 |
|-------|

B. 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 AF CS CONTACT CENTER |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.19**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065320

Amount of Each Receipt this Period

| |
|-------|
| 22.47 |
|-------|

C. KENNETH I OMURA
Full Name (Last, First, Middle Initial)

Mailing Address 361 KELBURN RD. #315

| | | |
|-------------------|-------------|-------------------|
| City DEERFIELD | State IL | Zip Code 60015 |
|-------------------|-------------|-------------------|

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

| | |
|--|-------------------------------|
| Name of Employer Allstate Insurance Company | Occupation Ins Ops Law - 1 |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.92**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807728

Amount of Each Receipt this Period

| |
|-------|
| 42.23 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 87.17 |
| 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 127 OF 198
(check 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 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 Ins Ops Law - 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **419.15**

Date of Receipt
05 / 15 / 2015
Transaction ID : A2015-912240

Amount of Each Receipt this Period
42.23

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 Ins Ops Law - 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.38**

Date of Receipt
05 / 29 / 2015
Transaction ID : A2015-1065311

Amount of Each Receipt this Period
42.23

Full Name (Last, First, Middle Initial)
C. PAMELA J OVERTON

Mailing Address 1677 Lee Road

City Clearwater State FL Zip Code 33765

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

Name of Employer Allstate Insurance Company Occupation CLAIMS - FLORIDA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.60**

Date of Receipt
05 / 01 / 2015
Transaction ID : A2015-807724

Amount of Each Receipt this Period
52.66

SUBTOTAL of Receipts This Page (optional)..... ► **137.12**

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 128 OF 198 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) A. PAMELA J OVERTON | | | Date of Receipt |
| Mailing Address 1677 Lee Road | | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : A2015-912236 |
| Clearwater | FL | 33765 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="52.66"/> |
| Name of Employer | Occupation | | |
| Allstate Insurance Company | CLAIMS - FLORIDA | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="519.26"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. PAMELA J OVERTON | | | Date of Receipt |
| Mailing Address 1677 Lee Road | | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : A2015-1065307 |
| Clearwater | FL | 33765 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="52.66"/> |
| Name of Employer | Occupation | | |
| Allstate Insurance Company | CLAIMS - FLORIDA | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="571.92"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. LAURIE PELLOUCHOUD | | | Date of Receipt |
| Mailing Address 1447 PLEASANT | | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : A2015-807818 |
| GLENVIEW | IL | 60025 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="47.67"/> |
| Name of Employer | Occupation | | |
| Allstate Insurance Company | PRD HOMEOWNERS | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="422.77"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="152.99"/> |
| 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: (check only one) | PAGE 129 OF 198 |
| | <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. LAURIE PELLOUCHOUD | | Date of Receipt |
| Mailing Address 1447 PLEASANT | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| GLENVIEW | IL | 60025 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-912329 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | PRD HOMEOWNERS | <input type="text" value="47.67"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="470.44"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LAURIE PELLOUCHOUD | | Date of Receipt |
| Mailing Address 1447 PLEASANT | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| GLENVIEW | IL | 60025 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-1065401 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | PRD HOMEOWNERS | <input type="text" value="47.67"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="518.11"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) c. Opal G Perry | | Date of Receipt |
| Mailing Address 2775 N. Sanders Rd. | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Northbrook | IL | 60062 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A2015-807931 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Allstate Insurance Company | VP-ATO-International COO | <input type="text" value="48.61"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="432.14"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="143.95"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 130 OF 198
(check 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. Opal G Perry

Mailing Address 2775 N. Sanders Rd.

City Northbrook State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation VP-ATO-International COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A2015-912443

Amount of Each Receipt this Period
48.61

Full Name (Last, First, Middle Initial)
B. Opal G Perry

Mailing Address 2775 N. Sanders Rd.

City Northbrook State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation VP-ATO-International COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **529.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A2015-1065515

Amount of Each Receipt this Period
48.61

Full Name (Last, First, Middle Initial)
C. THOMAS S PETERSON

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 CE&R / AIA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : A2015-807900

Amount of Each Receipt this Period
36.35

SUBTOTAL of Receipts This Page (optional)..... ► **133.57**

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 131 OF 198
(check 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 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 CE&R / AIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912412
 Amount of Each Receipt this Period
 36.35

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 CE&R / AIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065484
 Amount of Each Receipt this Period
 36.35

C. 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 B2B
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 509.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807677
 Amount of Each Receipt this Period
 57.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.19
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 132 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. STEVEN A PETTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 580 SALCEDA DR
 City State Zip Code
 MUNDELEIN IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company B2B
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 567.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912189
 Amount of Each Receipt this Period
 57.49

B. STEVEN A PETTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 580 SALCEDA DR
 City State Zip Code
 MUNDELEIN IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company B2B
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065261
 Amount of Each Receipt this Period
 57.49

C. NANCY W PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 RIVER OAKS RD
 City State Zip Code
 BRENTWOOD TN 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Lit Serv- Nashvle-Memphis-Knxv SCO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065306
 Amount of Each Receipt this Period
 34.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.74
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 133 OF 198
(check 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 C PINTOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 W Cortland ST
 City State Zip Code
 CHICAGO IL 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company INVESTMENT FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 376.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807741
 Amount of Each Receipt this Period
 41.84

B. JOHN C PINTOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 W Cortland ST
 City State Zip Code
 CHICAGO IL 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company INVESTMENT FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912253
 Amount of Each Receipt this Period
 41.84

C. JOHN C PINTOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 W Cortland ST
 City State Zip Code
 CHICAGO IL 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company INVESTMENT FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065324
 Amount of Each Receipt this Period
 41.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.52
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 134 OF 198
(check 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. 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 EAST TERRITORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 755.19

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807672
 Amount of Each Receipt this Period
 84.74

B. DAVID J PRENDERGAST
 Full Name (Last, First, Middle Initial)
 Mailing Address 8262 Arrowleaf Turn
 City Gainesville State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation EAST TERRITORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 839.93

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912184
 Amount of Each Receipt this Period
 84.74

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 EAST TERRITORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.67

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065256
 Amount of Each Receipt this Period
 84.74

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.22
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 135 OF 198
(check 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 G PURTELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 22663 CHESHIRE COURT
 City DEER PARK State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AGENCY FINANCE SUPPORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807820
 Amount of Each Receipt this Period
 27.99

B. THOMAS G PURTELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 22663 CHESHIRE COURT
 City DEER PARK State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AGENCY FINANCE SUPPORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912331
 Amount of Each Receipt this Period
 27.99

C. THOMAS G PURTELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 22663 CHESHIRE COURT
 City DEER PARK State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AGENCY FINANCE SUPPORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065403
 Amount of Each Receipt this Period
 27.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.97
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 136 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MARY J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code
 ARLINGTON HEIGH IL 60005

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

Name of Employer Occupation
 Allstate Insurance Company Investment Law 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 439.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807842

Amount of Each Receipt this Period
 49.64

Full Name (Last, First, Middle Initial)
B. MARY J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code
 ARLINGTON HEIGH IL 60005

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

Name of Employer Occupation
 Allstate Insurance Company Investment Law 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 489.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912354

Amount of Each Receipt this Period
 49.64

Full Name (Last, First, Middle Initial)
C. MARY J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code
 ARLINGTON HEIGH IL 60005

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

Name of Employer Occupation
 Allstate Insurance Company Investment Law 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 538.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065426

Amount of Each Receipt this Period
 49.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.92

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 198
(check 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. MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

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

Name of Employer Occupation
Allstate Insurance Company PERSONAL LINES FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807772

Amount of Each Receipt this Period
66.60

Full Name (Last, First, Middle Initial)
B. MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

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

Name of Employer Occupation
Allstate Insurance Company PERSONAL LINES FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
643.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912284

Amount of Each Receipt this Period
66.60

Full Name (Last, First, Middle Initial)
C. MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

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

Name of Employer Occupation
Allstate Insurance Company PERSONAL LINES FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065355

Amount of Each Receipt this Period
66.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.80

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 138 OF 198 |
| | <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. Kendra L Roberts

Mailing Address One North O'Plaine Road #7894

| | | |
|----------------|-------------|-------------------|
| City Gurnee | State IL | Zip Code 60031 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------------|
| Name of Employer Allstate Insurance Company | Occupation Ins Ops Law - 5 |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.19**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065494

Amount of Each Receipt this Period

| |
|-------|
| 23.13 |
|-------|

Full Name (Last, First, Middle Initial)
B. ROGER S ROBINSON

Mailing Address 535 6th Street North

| | | |
|------------------------|-------------|-------------------|
| City St. Petersburg | State FL | Zip Code 33701 |
|------------------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer Allstate Insurance Company | Occupation Florida Region |
|--|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.95**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807718

Amount of Each Receipt this Period

| |
|-------|
| 28.22 |
|-------|

Full Name (Last, First, Middle Initial)
C. ROGER S ROBINSON

Mailing Address 535 6th Street North

| | | |
|------------------------|-------------|-------------------|
| City St. Petersburg | State FL | Zip Code 33701 |
|------------------------|-------------|-------------------|

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

| | |
|--|------------------------------|
| Name of Employer Allstate Insurance Company | Occupation Florida Region |
|--|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.17**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912230

Amount of Each Receipt this Period

| |
|-------|
| 28.22 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 79.57 |
| 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 139 OF 198
(check 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. ROGER S ROBINSON

Mailing Address 535 6th Street North

City State Zip Code
 St. Petersburg FL 33701

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

Name of Employer Occupation
 Allstate Insurance Company Florida Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 304.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065301

Amount of Each Receipt this Period
 28.22

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

Mailing Address 106 ASHLAND

City State Zip Code
 RIVER FOREST IL 60305

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

Name of Employer Occupation
 Allstate Insurance Company CORPORATE LITIGATION 5

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 414.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807739

Amount of Each Receipt this Period
 46.90

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

Mailing Address 106 ASHLAND

City State Zip Code
 RIVER FOREST IL 60305

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

Name of Employer Occupation
 Allstate Insurance Company CORPORATE LITIGATION 5

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912251

Amount of Each Receipt this Period
 46.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.02

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

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

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FOR LINE NUMBER: PAGE 140 OF 198
(check 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 RIVER FOREST State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CORPORATE LITIGATION 5
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 508.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065322
 Amount of Each Receipt this Period
 46.90

B. ANDREW R ROMERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3151 Montrose Way
 City El Dorado Hills State CA Zip Code 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation WEST MOC CA DIST RFSL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065462
 Amount of Each Receipt this Period
 20.08

C. 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 Allstate Canada Tech Org
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807801
 Amount of Each Receipt this Period
 43.97

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.95
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 141 OF 198
(check 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 Allstate Canada Tech Org
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 439.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912313
 Amount of Each Receipt this Period
 43.97

B. 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 Allstate Canada Tech Org
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 483.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065385
 Amount of Each Receipt this Period
 43.97

C. CASSANDRA C RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2579 E Kaibab Pl
 City Chandler State AZ Zip Code 85249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CLAIMS - SOUTHWEST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065440
 Amount of Each Receipt this Period
 19.68

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.62
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 142 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. PAUL 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 SPECIALTY OPERATIONS LAW 3

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807738

Amount of Each Receipt this Period
 46.73

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 SPECIALTY OPERATIONS LAW 3

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 463.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912250

Amount of Each Receipt this Period
 46.73

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 SPECIALTY OPERATIONS LAW 3

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 510.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065321

Amount of Each Receipt this Period
 46.73

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.19

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

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

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

FOR LINE NUMBER: PAGE 144 OF 198
(check 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. STEPHEN E SCHOLL
 Full Name (Last, First, Middle Initial)
 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 HR Client Partnership- ClaimsAT&St
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 544.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807693
 Amount of Each Receipt this Period
 61.04

B. STEPHEN E SCHOLL
 Full Name (Last, First, Middle Initial)
 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 HR Client Partnership- ClaimsAT&St
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 605.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912205
 Amount of Each Receipt this Period
 61.04

C. STEPHEN E SCHOLL
 Full Name (Last, First, Middle Initial)
 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 HR Client Partnership- ClaimsAT&St
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 666.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065277
 Amount of Each Receipt this Period
 61.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.12
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 145 OF 198 |
| | <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. DALE J SCHUELLER
Full Name (Last, First, Middle Initial)

Mailing Address 25 Scarlet Oak Rd

City Flemington State NJ Zip Code 08822

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

Name of Employer Allstate Insurance Company Occupation SALES - NEW JERSEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **200.79**

Date of Receipt **05 / 01 / 2015**

Transaction ID : A2015-807869

Amount of Each Receipt this Period **22.53**

B. DALE J SCHUELLER
Full Name (Last, First, Middle Initial)

Mailing Address 25 Scarlet Oak Rd

City Flemington State NJ Zip Code 08822

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

Name of Employer Allstate Insurance Company Occupation SALES - NEW JERSEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **223.32**

Date of Receipt **05 / 15 / 2015**

Transaction ID : A2015-912381

Amount of Each Receipt this Period **22.53**

C. DALE J SCHUELLER
Full Name (Last, First, Middle Initial)

Mailing Address 25 Scarlet Oak Rd

City Flemington State NJ Zip Code 08822

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

Name of Employer Allstate Insurance Company Occupation SALES - NEW JERSEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **245.85**

Date of Receipt **05 / 29 / 2015**

Transaction ID : A2015-1065453

Amount of Each Receipt this Period **22.53**

SUBTOTAL of Receipts This Page (optional)..... **67.59**

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 146 OF 198 |
| <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. PAUL SCHUTT | | Date of Receipt |
| Mailing Address 6323 N. NORMANDY | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| CHICAGO | IL | 60631 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A2015-807771 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="58.80"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | INTERNAL AUDIT | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="515.68"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. PAUL SCHUTT | | Date of Receipt |
| Mailing Address 6323 N. NORMANDY | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| CHICAGO | IL | 60631 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A2015-912283 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="58.38"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | INTERNAL AUDIT | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="574.06"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. PAUL SCHUTT | | Date of Receipt |
| Mailing Address 6323 N. NORMANDY | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| CHICAGO | IL | 60631 |
| FEC ID number of contributing federal political committee. | | Transaction ID : A2015-1065354 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="58.38"/> |
| Name of Employer | Occupation | |
| Allstate Insurance Company | INTERNAL AUDIT | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="632.44"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="175.56"/> |
| 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 147 OF 198
(check 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. 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 MOC - NORTHEAST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807848
 Amount of Each Receipt this Period
 55.91

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 MOC - NORTHEAST
 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
 05 / 15 / 2015
Transaction ID : A2015-912360
 Amount of Each Receipt this Period
 55.91

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 MOC - NORTHEAST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065432
 Amount of Each Receipt this Period
 55.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.73
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 148 OF 198 |
| | <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. ALBERT SCHWARZHAUPT
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Doral Drive
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Deployment & Process Mastery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065265
 Amount of Each Receipt this Period
 18.42

B. Obie A Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 2173 Ranch View Dr.
 City Rocklin State CA Zip Code 95765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation WEST MOC CALIFORNIA SALES NORTH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807890
 Amount of Each Receipt this Period
 31.82

C. Obie A Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 2173 Ranch View Dr.
 City Rocklin State CA Zip Code 95765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation WEST MOC CALIFORNIA SALES NORTH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912402
 Amount of Each Receipt this Period
 31.82

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 82.06 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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FOR LINE NUMBER: PAGE 149 OF 198
(check 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. Obie A Scott

Mailing Address 2173 Ranch View Dr.

City State Zip Code
 Rocklin CA 95765

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

Name of Employer Occupation
 Allstate Insurance Company WEST MOC CALIFORNIA SALES NORTH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065474

Amount of Each Receipt this Period
31.82

Full Name (Last, First, Middle Initial)
B. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code
 Chicago IL 60611

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

Name of Employer Occupation
 Allstate Insurance Company CR STRATEGIC & CONSUMER CORP COMI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **514.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807797

Amount of Each Receipt this Period
58.52

Full Name (Last, First, Middle Initial)
C. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code
 Chicago IL 60611

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

Name of Employer Occupation
 Allstate Insurance Company CR STRATEGIC & CONSUMER CORP COMI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **572.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912309

Amount of Each Receipt this Period
58.52

SUBTOTAL of Receipts This Page (optional)..... ▶ **148.86**

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 150 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code
 Chicago IL 60611

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

Name of Employer Occupation
 Allstate Insurance Company CR STRATEGIC & CONSUMER CORP COMI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **631.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065381

Amount of Each Receipt this Period
58.52

Full Name (Last, First, Middle Initial)
B. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
 WHEATON IL 60189

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

Name of Employer Occupation
 Allstate Insurance Company FSS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1557.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807778

Amount of Each Receipt this Period
173.08

Full Name (Last, First, Middle Initial)
C. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
 WHEATON IL 60189

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

Name of Employer Occupation
 Allstate Insurance Company FSS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912290

Amount of Each Receipt this Period
173.08

SUBTOTAL of Receipts This Page (optional)..... ▶ **404.68**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 151 OF 198 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. STEVEN 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 FSS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1903.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065361

Amount of Each Receipt this Period
 173.08

B. STEVEN R SHEFFEY
Full Name (Last, First, Middle Initial)

Mailing Address 839 SUMAC

City HIGHLAND PARK State IL Zip Code 60035

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

Name of Employer Allstate Insurance Company Occupation PUBLIC POLICY DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807735

Amount of Each Receipt this Period
 22.74

C. STEVEN R SHEFFEY
Full Name (Last, First, Middle Initial)

Mailing Address 839 SUMAC

City HIGHLAND PARK State IL Zip Code 60035

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

Name of Employer Allstate Insurance Company Occupation PUBLIC POLICY DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912247

Amount of Each Receipt this Period
 22.74

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 218.56 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 152 OF 198 |
| <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. STEVEN R SHEFFEY
Full Name (Last, First, Middle Initial)

Mailing Address 839 SUMAC

City HIGHLAND PARK State IL Zip Code 60035

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

Name of Employer Allstate Insurance Company Occupation PUBLIC POLICY DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.58

Date of Receipt 05 / 29 / 2015
Transaction ID : A2015-1065318

Amount of Each Receipt this Period 22.74

B. ADAM R SHORES
Full Name (Last, First, Middle Initial)

Mailing Address 680 Brookstone Road

City Grayslake State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 263.48

Date of Receipt 05 / 01 / 2015
Transaction ID : A2015-807896

Amount of Each Receipt this Period 29.72

C. ADAM R SHORES
Full Name (Last, First, Middle Initial)

Mailing Address 680 Brookstone Road

City Grayslake State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.20

Date of Receipt 05 / 15 / 2015
Transaction ID : A2015-912408

Amount of Each Receipt this Period 29.72

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.18

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 153 OF 198 |
| | <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. ADAM R SHORES
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 Brookstone Road
 City Grayslake State IL Zip Code 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PUBLIC AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065480
 Amount of Each Receipt this Period
 29.72

B. DENIS C SHUNTA
 Full Name (Last, First, Middle Initial)
 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 WEST MOC CA PRODUCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807834
 Amount of Each Receipt this Period
 24.67

C. DENIS C SHUNTA
 Full Name (Last, First, Middle Initial)
 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 WEST MOC CA PRODUCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912345
 Amount of Each Receipt this Period
 24.67

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 79.06 |
| 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 154 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
 FAIR OAKS CA 95628

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

Name of Employer Occupation
 Allstate Insurance Company WEST MOC CA PRODUCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.21

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065417

Amount of Each Receipt this Period
 24.67

Full Name (Last, First, Middle Initial)
B. 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 State Legis & Reg Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807687

Amount of Each Receipt this Period
 37.09

Full Name (Last, First, Middle Initial)
C. 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 State Legis & Reg Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 367.61

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912199

Amount of Each Receipt this Period
 37.09

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.85

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 155 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. ROBERT L SIMMONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1146 39th Ave NE
 City State Zip Code
 St Petersburg FL 33703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company State Legis & Reg Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065271
 Amount of Each Receipt this Period
 37.09

B. KIMBERLY J SLOANE
 Full Name (Last, First, Middle Initial)
 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 FSS Controller Claims Reserves D2
 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
 05 / 01 / 2015
Transaction ID : A2015-807793
 Amount of Each Receipt this Period
 32.65

C. KIMBERLY J SLOANE
 Full Name (Last, First, Middle Initial)
 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 FSS Controller Claims Reserves D2
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912305
 Amount of Each Receipt this Period
 32.65

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.39
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 156 OF 198
(check 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 FSS Controller Claims Reserves D2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 353.21

Date of Receipt
 05 / 29 / 2015
Transaction ID : A2015-1065377

Amount of Each Receipt this Period
 32.65

Full Name (Last, First, Middle Initial)
B. CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
 Arlington Heights IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company INSURANCE OPERATIONS LAW - 4

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 352.53

Date of Receipt
 05 / 01 / 2015
Transaction ID : A2015-807852

Amount of Each Receipt this Period
 39.75

Full Name (Last, First, Middle Initial)
C. CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
 Arlington Heights IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company INSURANCE OPERATIONS LAW - 4

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 392.28

Date of Receipt
 05 / 15 / 2015
Transaction ID : A2015-912364

Amount of Each Receipt this Period
 39.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.15

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 157 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
 Arlington Heights IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company INSURANCE OPERATIONS LAW - 4

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 432.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065436

Amount of Each Receipt this Period
 39.75

Full Name (Last, First, Middle Initial)
B. KATHERINE A SMITH

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 Securities and Corporate Governanc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065362

Amount of Each Receipt this Period
 19.75

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

Mailing Address 597 TREETOP LANE

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company WEST - PRODUCT MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 222.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807858

Amount of Each Receipt this Period
 25.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.72

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 158 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RICHARD J SMITH Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 597 TREETOP LANE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company WEST - PRODUCT MANAGEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 247.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912370
 Amount of Each Receipt this Period
 25.22

B. RICHARD J SMITH Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 597 TREETOP LANE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company WEST - PRODUCT MANAGEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065442
 Amount of Each Receipt this Period
 25.22

C. STEVEN P SORENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20712 High Ridge Dr
 City State Zip Code
 KILDEER IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company PRD OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 874.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807843
 Amount of Each Receipt this Period
 99.82

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.26
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 159 OF 198 |
| | <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. STEVEN P SORENSON | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2015 Transaction ID : A2015-912355 |
| Mailing Address 20712 High Ridge Dr | | Amount of Each Receipt this Period 99.82 |
| City KILDEER | State IL | |
| Zip Code 60047 | | Amount of Each Receipt this Period 974.80 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation PRD OPS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. STEVEN P SORENSON | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2015 Transaction ID : A2015-1065427 |
| Mailing Address 20712 High Ridge Dr | | Amount of Each Receipt this Period 99.82 |
| City KILDEER | State IL | |
| Zip Code 60047 | | Amount of Each Receipt this Period 1074.62 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation PRD OPS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. KEVIN A SPATARO | | Date of Receipt M M / D D / Y Y Y Y Y 05 / 01 / 2015 Transaction ID : A2015-807815 |
| Mailing Address 1663 SARATOGA LANE | | Amount of Each Receipt this Period 40.36 |
| City GLENVIEW | State IL | |
| Zip Code 60026 | | Amount of Each Receipt this Period 361.71 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation FSS Controller Acct. Research | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 240.00 |
| TOTAL This Period (last page this line number only)..... | 240.00 |

**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 160 OF 198 |
| | <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 A SPATARO
Full Name (Last, First, Middle Initial)

Mailing Address 1663 SARATOGA LANE

| | | |
|------------------|-------------|-------------------|
| City GLENVIEW | State IL | Zip Code 60026 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation FSS Controller Acct. Research |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.07**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912326

Amount of Each Receipt this Period

| |
|-------|
| 40.36 |
|-------|

B. KEVIN A SPATARO
Full Name (Last, First, Middle Initial)

Mailing Address 1663 SARATOGA LANE

| | | |
|------------------|-------------|-------------------|
| City GLENVIEW | State IL | Zip Code 60026 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Allstate Insurance Company | Occupation FSS Controller Acct. Research |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.43**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065398

Amount of Each Receipt this Period

| |
|-------|
| 40.36 |
|-------|

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

Mailing Address 1001 N Vermont St

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22201 |
|-------------------|-------------|-------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer Allstate Insurance Company | Occupation East MOC CAP Controller |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.70**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 01 | / | 2015 |

Transaction ID : A2015-807830

Amount of Each Receipt this Period

| |
|-------|
| 31.99 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 112.71 |
| 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 161 OF 198 |
| | <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. 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 East MOC CAP Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.69

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : A2015-912341

Amount of Each Receipt this Period
31.99

Full Name (Last, First, Middle Initial)
B. BRIAN M SPENCE

Mailing Address 1001 N Vermont St

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Allstate Insurance Company East MOC CAP Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A2015-1065413

Amount of Each Receipt this Period
31.99

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

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company PRODUCT OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
558.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015
Transaction ID : A2015-807730

Amount of Each Receipt this Period
62.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.29

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: (check only one) | PAGE 162 OF 198 |
| | <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. MARY SPRINGBERG | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-912242 |
| Mailing Address 4745 KINGS WAY - NORTH | | Amount of Each Receipt this Period 62.31 |
| City GURNEE | State IL | Zip Code 60031 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation PRODUCT OPERATIONS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 620.31 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MARY SPRINGBERG | | Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-1065313 |
| Mailing Address 4745 KINGS WAY - NORTH | | Amount of Each Receipt this Period 62.31 |
| City GURNEE | State IL | Zip Code 60031 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation PRODUCT OPERATIONS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 682.62 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GARY S STERE | | Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-807720 |
| Mailing Address 2015 SELVA MADERA COURT | | Amount of Each Receipt this Period 45.45 |
| City ATLANTIC BEACH | State FL | Zip Code 32233 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation ALLSTATE FINANCIAL LAW AWD | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 405.41 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 170.07 |
| 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 163 OF 198 |
| | <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. 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 ALLSTATE FINANCIAL LAW AWD |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.86**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 15 | / | 2015 |

Transaction ID : A2015-912232

Amount of Each Receipt this Period

| |
|-------|
| 45.45 |
|-------|

B. 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 ALLSTATE FINANCIAL LAW AWD |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **496.31**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065303

Amount of Each Receipt this Period

| |
|-------|
| 45.45 |
|-------|

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

Mailing Address 330 KAREN WAY

| | | |
|-----------------|-------------|-------------------|
| City TIBURON | State CA | Zip Code 94920 |
|-----------------|-------------|-------------------|

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

| | |
|--|---------------------------------|
| Name of Employer Allstate Insurance Company | Occupation WEST MOC CA SALES |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.90**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 29 | / | 2015 |

Transaction ID : A2015-1065469

Amount of Each Receipt this Period

| |
|-------|
| 20.41 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 111.31 |
| 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 164 OF 198
(check 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. MYRON E STOUFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 W. Cook
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Independant Agencies & DEAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807716
 Amount of Each Receipt this Period
 32.98

B. MYRON E STOUFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 W. Cook
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Independant Agencies & DEAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912228
 Amount of Each Receipt this Period
 32.98

C. MYRON E STOUFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 W. Cook
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Independant Agencies & DEAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 358.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065299
 Amount of Each Receipt this Period
 32.98

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.94
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 165 OF 198
(check 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 FSS INTERNAL AUDIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 580.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807744

Amount of Each Receipt this Period
 64.49

Full Name (Last, First, Middle Initial)
B. 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 FSS INTERNAL AUDIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 644.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912256

Amount of Each Receipt this Period
 64.49

Full Name (Last, First, Middle Initial)
C. 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 FSS INTERNAL AUDIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 709.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065327

Amount of Each Receipt this Period
 64.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 193.47

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 166 OF 198
(check 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. CARL J TACKETT
 Full Name (Last, First, Middle Initial)
 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 NEW BUSINESS DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912262
 Amount of Each Receipt this Period
 21.02

B. CARL J TACKETT
 Full Name (Last, First, Middle Initial)
 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 NEW BUSINESS DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065333
 Amount of Each Receipt this Period
 21.02

C. SEAN D THAKUR
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 S.Caldwell St
 City State Zip Code
 Charlotte NC 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company GLOBAL DELIVERY INTEGRATION LEADER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912372
 Amount of Each Receipt this Period
 20.19

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.23
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 167 OF 198 |
| | (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. SEAN D THAKUR | | Date of Receipt |
| Mailing Address 222 S.Caldwell St | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City State Zip Code Charlotte NC 28202 | | Transaction ID : A2015-1065444 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="20.19"/> |
| Name of Employer Allstate Insurance Company | Occupation GLOBAL DELIVERY INTEGRATION LEADER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="221.19"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MICHAEL A THOMAS | | Date of Receipt |
| Mailing Address 152 Robsart Place | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City State Zip Code KENILWORTH IL 60043 | | Transaction ID : A2015-807899 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="27.12"/> |
| Name of Employer Allstate Insurance Company | Occupation ADMINISTRATION AND REAL ESTATE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="238.86"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. MICHAEL A THOMAS | | Date of Receipt |
| Mailing Address 152 Robsart Place | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City State Zip Code KENILWORTH IL 60043 | | Transaction ID : A2015-912411 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="27.12"/> |
| Name of Employer Allstate Insurance Company | Occupation ADMINISTRATION AND REAL ESTATE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="265.98"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="74.43"/> |
| 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 168 OF 198 |
| | <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. MICHAEL A THOMAS | | Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-1065483 |
| Mailing Address 152 Robsart Place | | Amount of Each Receipt this Period 27.12 |
| City KENILWORTH | State IL | Zip Code 60043 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation ADMINISTRATION AND REAL ESTATE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 293.10 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. GERALYN A THOMPSON | | Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-807765 |
| Mailing Address 6906 S. BENNETT | | Amount of Each Receipt this Period 35.13 |
| City CHICAGO | State IL | Zip Code 60649 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation ENCOMPASS COMMUNICATIONS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 311.58 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GERALYN A THOMPSON | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-912277 |
| Mailing Address 6906 S. BENNETT | | Amount of Each Receipt this Period 35.13 |
| City CHICAGO | State IL | Zip Code 60649 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation ENCOMPASS COMMUNICATIONS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 346.71 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 97.38 |
| 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 169 OF 198
(check 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. GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
 CHICAGO IL 60649

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

Name of Employer Occupation
 Allstate Insurance Company ENCOMPASS COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 381.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065348

Amount of Each Receipt this Period
 35.13

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

Mailing Address 5129 Pine River Trail

City State Zip Code
 Castle Rock CO 80108

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

Name of Employer Occupation
 Allstate Insurance Company MOC - WEST CENTRAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807713

Amount of Each Receipt this Period
 54.69

Full Name (Last, First, Middle Initial)
C. WILLIAM J THOMPSON

Mailing Address 5129 Pine River Trail

City State Zip Code
 Castle Rock CO 80108

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

Name of Employer Occupation
 Allstate Insurance Company MOC - WEST CENTRAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 535.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912225

Amount of Each Receipt this Period
 54.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.51

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 170 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. WILLIAM J THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5129 Pine River Trail
 City State Zip Code
 Castle Rock CO 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company MOC - WEST CENTRAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 589.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065296
 Amount of Each Receipt this Period
 54.69

B. MELINDA S TUNNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 West Johnson Street
 City State Zip Code
 Palatine IL 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company GOVERNANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 505.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807857
 Amount of Each Receipt this Period
 56.69

C. MELINDA S TUNNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 West Johnson Street
 City State Zip Code
 Palatine IL 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company GOVERNANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912369
 Amount of Each Receipt this Period
 56.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 168.07
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 171 OF 198
(check 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. MELINDA S TUNNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 West Johnson Street
 City Palatine State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation GOVERNANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065441
 Amount of Each Receipt this Period
 56.69

B. RICHARD D TURANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 S CHESTER ST
 City ENGLEWOOD State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation STATE LEGISLATIVE & REGULATORY AFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807676
 Amount of Each Receipt this Period
 23.36

C. RICHARD D TURANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 S CHESTER ST
 City ENGLEWOOD State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation STATE LEGISLATIVE & REGULATORY AFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912188
 Amount of Each Receipt this Period
 23.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.41
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 172 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RICHARD D TURANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 S CHESTER ST
 City ENGLEWOOD State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation STATE LEGISLATIVE & REGULATORY AFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065260
 Amount of Each Receipt this Period
 23.36

B. THOMAS P TUZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 HUNTINGTON LANE
 City ELMHURST State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation MEDICAL RTB SUPPORT 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807780
 Amount of Each Receipt this Period
 42.58

C. THOMAS P TUZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 HUNTINGTON LANE
 City ELMHURST State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation MEDICAL RTB SUPPORT 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912292
 Amount of Each Receipt this Period
 42.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.52
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 173 OF 198
(check 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 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 MEDICAL RTB SUPPORT 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 317.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065363

Amount of Each Receipt this Period
 42.58

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 Government and Industry Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 590.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807775

Amount of Each Receipt this Period
 66.23

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 Government and Industry Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 656.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912287

Amount of Each Receipt this Period
 66.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.04

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

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

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

FOR LINE NUMBER: PAGE 174 OF 198
(check 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 A VAINISI

Mailing Address **636 BALMORAL LANE**

City **INVERNESS** State **IL** Zip Code **60067**

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

Name of Employer **Allstate Insurance Company** Occupation **Government and Industry Relations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **722.68**

Date of Receipt
05 / 29 / 2015
Transaction ID : A2015-1065358

Amount of Each Receipt this Period
66.23

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

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 **FIELD BUSINESS CONDUCT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **654.21**

Date of Receipt
05 / 01 / 2015
Transaction ID : A2015-807875

Amount of Each Receipt this Period
73.59

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

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 **FIELD BUSINESS CONDUCT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.80**

Date of Receipt
05 / 15 / 2015
Transaction ID : A2015-912387

Amount of Each Receipt this Period
73.59

SUBTOTAL of Receipts This Page (optional)..... ▶ **213.41**

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

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

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

FOR LINE NUMBER: PAGE 175 OF 198
(check 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 FIELD BUSINESS CONDUCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 801.39

Date of Receipt 05 / 29 / 2015
Transaction ID : A2015-1065459
 Amount of Each Receipt this Period 73.59

B. MICHAEL F VITALE Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1824 Roy Lane
 City Forks Twp. State PA Zip Code 18040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Northeast 2
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.52

Date of Receipt 05 / 29 / 2015
Transaction ID : A2015-1065284
 Amount of Each Receipt this Period 18.61

C. EDWIN L WASINGER JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 MURIFIELD DRIVE
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation STRATEGIC OPS A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.10

Date of Receipt 05 / 15 / 2015
Transaction ID : A2015-912330
 Amount of Each Receipt this Period 21.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 113.35
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 176 OF 198
(check 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 L WASINGER 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 STRATEGIC OPS A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 231.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065402

Amount of Each Receipt this Period
 21.15

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 Marketing & E-Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 658.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807915

Amount of Each Receipt this Period
 73.84

Full Name (Last, First, Middle Initial)
C. 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 Marketing & E-Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 731.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912427

Amount of Each Receipt this Period
 73.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 168.83

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 177 OF 198 |
| | <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. Robert Wasserman
Full Name (Last, First, Middle Initial)

Mailing Address 1N165 Partridge Dr

City Wheaton State IL Zip Code 60188

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

Name of Employer Allstate Insurance Company Occupation Marketing & E-Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065499

Amount of Each Receipt this Period
73.84

B. LEWIS C WEBB II
Full Name (Last, First, Middle Initial)

Mailing Address 1444 El Pardo Dr

City Trinity State FL Zip Code 34655

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

Name of Employer Allstate Insurance Company Occupation East MOC FLA Dist RFSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.07**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065478

Amount of Each Receipt this Period
18.43

C. Mary P Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 5209 Westwood Drive

City Bethesda State MD Zip Code 20816

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

Name of Employer Allstate Insurance Company Occupation VP-LGL-Legislative & Regu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1743.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807939

Amount of Each Receipt this Period
195.08

SUBTOTAL of Receipts This Page (optional)..... **287.35**

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 178 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Mary P Weiss

Mailing Address 5209 Westwood Drive

City State Zip Code
Bethesda MD 20816

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 ▼
1938.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912451

Amount of Each Receipt this Period
195.08

Full Name (Last, First, Middle Initial)
B. Mary P Weiss

Mailing Address 5209 Westwood Drive

City State Zip Code
Bethesda MD 20816

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 ▼
2133.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-106523

Amount of Each Receipt this Period
195.08

Full Name (Last, First, Middle Initial)
C. CYNTHIA A WHITFIELD

Mailing Address 298 Keswick Grove Lane

City State Zip Code
Franklin TN 37067

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

Name of Employer Occupation
Allstate Insurance Company MOC - SOUTHERN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807686

Amount of Each Receipt this Period
26.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 417.00

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 179 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. CYNTHIA A WHITFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Keswick Grove Lane
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company MOC - SOUTHERN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912198
 Amount of Each Receipt this Period
 26.84

B. CYNTHIA A WHITFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Keswick Grove Lane
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company MOC - SOUTHERN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 289.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065270
 Amount of Each Receipt this Period
 26.84

C. JOHN K WILCOX
 Full Name (Last, First, Middle Initial)
 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 INSURANCE OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 422.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807752
 Amount of Each Receipt this Period
 47.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.19
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 180 OF 198
(check 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 INSURANCE OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
469.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912264

Amount of Each Receipt this Period
47.51

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 INSURANCE OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
517.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065335

Amount of Each Receipt this Period
47.51

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 CSA WS UT MULTI MCO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807715

Amount of Each Receipt this Period
29.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.48

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

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

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

FOR LINE NUMBER: PAGE 181 OF 198
(check 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. JAMES L WILLCOX
 Full Name (Last, First, Middle Initial)
 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 CSA WS UT MULTI MCO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 292.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912227
 Amount of Each Receipt this Period
 29.46

B. JAMES L WILLCOX
 Full Name (Last, First, Middle Initial)
 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 CSA WS UT MULTI MCO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 321.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065298
 Amount of Each Receipt this Period
 29.46

C. JEFFREY W WILLIAMS
 Full Name (Last, First, Middle Initial)
 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 Federal Legislative & Reg Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807766
 Amount of Each Receipt this Period
 46.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.58
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 182 OF 198
(check 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. JEFFREY W WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7104 CHARDON COURT
 City CLARKSVILLE State MD Zip Code 21029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Federal Legislative & Reg Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912278
 Amount of Each Receipt this Period
 46.66

B. JEFFREY W WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7104 CHARDON COURT
 City CLARKSVILLE State MD Zip Code 21029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Federal Legislative & Reg Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 509.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065349
 Amount of Each Receipt this Period
 46.66

C. THOMAS J WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 N. MOHAWK
 City CHICAGO State IL Zip Code 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ALLSTATE CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2440.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807840
 Amount of Each Receipt this Period
 276.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.24
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 183 OF 198
(check 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 J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
Allstate Insurance Company ALLSTATE CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2717.27**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A2015-912351

Amount of Each Receipt this Period
276.92

Full Name (Last, First, Middle Initial)
B. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
Allstate Insurance Company ALLSTATE CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2994.19**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A2015-1065423

Amount of Each Receipt this Period
276.92

Full Name (Last, First, Middle Initial)
C. KURT L WINTER

Mailing Address 1403 N. WALNUT

City State Zip Code
ARLINGTON HGHTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company REGIONAL MARKETING & PROGRAM MGM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.08**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : A2015-807895

Amount of Each Receipt this Period
23.68

SUBTOTAL of Receipts This Page (optional)..... ▶ **577.52**

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 184 OF 198 |
| | <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. KURT L WINTER | | Date of Receipt |
| Mailing Address 1403 N. WALNUT | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| ARLINGTON HGHTS | IL | 60004 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A2015-912407 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation REGIONAL MARKETING & PROGRAM MGM | | <input type="text" value="23.68"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="231.76"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KURT L WINTER | | Date of Receipt |
| Mailing Address 1403 N. WALNUT | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| ARLINGTON HGHTS | IL | 60004 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A2015-1065479 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation REGIONAL MARKETING & PROGRAM MGM | | <input type="text" value="23.68"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="255.44"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Matthew E Winter | | Date of Receipt |
| Mailing Address 70 Ferncliff Drive | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| West Hartford | CT | 06117 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A2015-807919 |
| Name of Employer Allstate Insurance Company | | Amount of Each Receipt this Period |
| Occupation ALLSTATE PERSONAL LINES | | <input type="text" value="184.62"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="1658.11"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="231.98"/> |
| 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 185 OF 198
(check 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. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City State Zip Code
 West Hartford CT 06117

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

Name of Employer Occupation
 Allstate Insurance Company ALLSTATE PERSONAL LINES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1842.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912431

Amount of Each Receipt this Period
 184.62

Full Name (Last, First, Middle Initial)
B. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City State Zip Code
 West Hartford CT 06117

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

Name of Employer Occupation
 Allstate Insurance Company ALLSTATE PERSONAL LINES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2027.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065503

Amount of Each Receipt this Period
 184.62

Full Name (Last, First, Middle Initial)
C. RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City State Zip Code
 JOHNSBURG IL 60051

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

Name of Employer Occupation
 Allstate Insurance Company Business Process Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912325

Amount of Each Receipt this Period
 21.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.88

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 186 OF 198 |
| <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. RONALD W WINTER | | Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : A2015-1065397 |
| Mailing Address 2908 GREY HERON CT. | | Amount of Each Receipt this Period 21.64 |
| City JOHNSBURG | State IL | Zip Code 60051 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation Business Process Delivery | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 237.10 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. BRUCE A WOIKE | | Date of Receipt MM / DD / YYYY 05 / 01 / 2015 Transaction ID : A2015-807811 |
| Mailing Address 1318 N. CHESTNUT AVE. | | Amount of Each Receipt this Period 23.41 |
| City ARLINGTON HTS. | State IL | Zip Code 60004 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation CORPORATE ACCOUNTING | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 208.62 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. BRUCE A WOIKE | | Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : A2015-912322 |
| Mailing Address 1318 N. CHESTNUT AVE. | | Amount of Each Receipt this Period 23.41 |
| City ARLINGTON HTS. | State IL | Zip Code 60004 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Allstate Insurance Company | Occupation CORPORATE ACCOUNTING | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 232.03 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 68.46 |
| 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 187 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation CORPORATE ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.44**

Date of Receipt
05 / 29 / 2015
Transaction ID : A2015-1065394

Amount of Each Receipt this Period
23.41

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

Mailing Address 28616 Sky Crest Dr

City Ivanhoe State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation PRODUCT MANAGEMENT EAST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.15**

Date of Receipt
05 / 01 / 2015
Transaction ID : A2015-807863

Amount of Each Receipt this Period
43.78

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

Mailing Address 28616 Sky Crest Dr

City Ivanhoe State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation PRODUCT MANAGEMENT EAST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **433.93**

Date of Receipt
05 / 15 / 2015
Transaction ID : A2015-912375

Amount of Each Receipt this Period
43.78

SUBTOTAL of Receipts This Page (optional)..... ► **110.97**

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

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

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

FOR LINE NUMBER: PAGE 188 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. ANGELA K WOIROL
 Full Name (Last, First, Middle Initial)
 Mailing Address 28616 Sky Crest Dr
 City State Zip Code
 Ivanhoe IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company PRODUCT MANAGEMENT EAST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 477.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065447
 Amount of Each Receipt this Period
 43.78

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 REPUTATION LEADERSHIP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 216.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912221
 Amount of Each Receipt this Period
 22.01

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 REPUTATION LEADERSHIP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065292
 Amount of Each Receipt this Period
 22.01

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.80
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 189 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
 PARK RIDGE IL 60068

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

Name of Employer Occupation
 Allstate Insurance Company DATA STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 590.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : A2015-807792

Amount of Each Receipt this Period
 66.75

Full Name (Last, First, Middle Initial)
B. 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 DATA STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 657.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A2015-912304

Amount of Each Receipt this Period
 66.75

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 DATA STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 724.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : A2015-1065376

Amount of Each Receipt this Period
 66.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.25

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

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

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FOR LINE NUMBER: PAGE 190 OF 198
(check 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. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
 Scottsdale AZ 85255

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

Name of Employer Occupation
 Allstate Insurance Company State Legislative & Reg Affairs 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 326.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807855

Amount of Each Receipt this Period
 38.06

Full Name (Last, First, Middle Initial)
B. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
 Scottsdale AZ 85255

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

Name of Employer Occupation
 Allstate Insurance Company State Legislative & Reg Affairs 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912367

Amount of Each Receipt this Period
 38.06

Full Name (Last, First, Middle Initial)
C. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
 Scottsdale AZ 85255

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

Name of Employer Occupation
 Allstate Insurance Company State Legislative & Reg Affairs 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065439

Amount of Each Receipt this Period
 38.06

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.18

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

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

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FOR LINE NUMBER: PAGE 191 OF 198
(check 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. PHILLIP C YOUNG
 Full Name (Last, First, Middle Initial)
 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 RE AVIATION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807768
 Amount of Each Receipt this Period
 22.54

B. PHILLIP C YOUNG
 Full Name (Last, First, Middle Initial)
 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 RE AVIATION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 223.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912280
 Amount of Each Receipt this Period
 22.54

C. PHILLIP C YOUNG
 Full Name (Last, First, Middle Initial)
 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 RE AVIATION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 246.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065351
 Amount of Each Receipt this Period
 22.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.62
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 192 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2609 N PINE AVE

City State Zip Code
 ARLINGTON HEIGHTS IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company ENCOMPASS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807790

Amount of Each Receipt this Period
 45.42

Full Name (Last, First, Middle Initial)
B. 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 ENCOMPASS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 448.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912302

Amount of Each Receipt this Period
 45.42

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 ENCOMPASS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 494.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065374

Amount of Each Receipt this Period
 45.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.26

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

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

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

FOR LINE NUMBER: PAGE 193 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. PAUL 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 Ins Ops Law - 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.09

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912337

Amount of Each Receipt this Period
21.74

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 Ins Ops Law - 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.83

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065409

Amount of Each Receipt this Period
21.74

Full Name (Last, First, Middle Initial)
C. GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

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

Name of Employer Occupation
Allstate Insurance Company State Legis & Reg Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
694.76

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2015
Transaction ID : A2015-807847

Amount of Each Receipt this Period
78.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.82

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 194 OF 198 |
| | <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. 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 State Legis & Reg Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **773.10**

Date of Receipt **05 / 15 / 2015**
Transaction ID : A2015-912359
 Amount of Each Receipt this Period **78.34**

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 State Legis & Reg Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **851.44**

Date of Receipt **05 / 29 / 2015**
Transaction ID : A2015-1065431
 Amount of Each Receipt this Period **78.34**

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 ATO-OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **448.78**

Date of Receipt **05 / 01 / 2015**
Transaction ID : A2015-807877
 Amount of Each Receipt this Period **50.48**

SUBTOTAL of Receipts This Page (optional)..... **207.16**
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 195 OF 198
(check 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 ATO-OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A2015-912389
 Amount of Each Receipt this Period
 50.48

B. 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 ATO-OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 549.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A2015-1065461
 Amount of Each Receipt this Period
 50.48

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).....▶ | 100.96 |
| TOTAL This Period (last page this line number only).....▶ | 26480.15 |

**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 |

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
Service Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

/ /

Transaction ID : B574386

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. Schakowsky for Congress

Mailing Address P.O. Box 5130

City State Zip Code
Evanston IL 60204

Purpose of Disbursement
Contribution

011

Candidate Name

Janice D Schakowsky

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : B573436

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address P.O. Box 2594

City State Zip Code
Chicago IL 60690

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

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : B574229

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee

Mailing Address 5805 32nd Street NW

City State Zip Code
Washington DC 20015

Purpose of Disbursement
Contribution

011

Candidate Name

Orrin G Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : B573616

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

3500.00

**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. PA Insurance PAC (PIPAC)

Mailing Address 1600 Market Street Suite 1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
State PAC

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B573615

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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