



**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<br>This Period               | COLUMN B<br>Calendar Year-to-Date      |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  | <input type="text" value="36833.08"/> | <input type="text" value="36833.08"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="47503.56"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="21375.53"/> | <input type="text" value="84588.32"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="68879.09"/> | <input type="text" value="121421.40"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="26585.22"/> | <input type="text" value="79127.53"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="42293.87"/> | <input type="text" value="42293.87"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>     |  |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 15444.08                      | 38117.53                          |
| (ii) Unitemized .....   | 5931.45                       | 46470.79                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 21375.53                      | 84588.32                          |
| (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) .....  | 21375.53                      | 84588.32                          |
| 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))..... ▶                        | 21375.53                      | 84588.32                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 21375.53                      | 84588.32                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 85.22                         | 467.53                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 85.22                         | 467.53                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 24500.00                      | 76000.00                          |
| 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 .....  | 2000.00                       | 2660.00                           |
| 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)) ..      | 26585.22                      | 79127.53                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 26585.22                      | 79127.53                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 21375.53                      | 84588.32                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 21375.53                      | 84588.32                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 85.22                         | 467.53                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 85.22                         | 467.53                            |

**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 106  
(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-Field Leadership C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 202.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782126**  
 Amount of Each Receipt this Period  
 26.18

Full Name (Last, First, Middle Initial)  
**B. ALEXANDRA BALATSOUKAS**  
 Mailing Address 1225 W. Morse Unit 508  
 City State Zip Code  
 Chicago IL 60626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 236.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602074**  
 Amount of Each Receipt this Period  
 34.36

Full Name (Last, First, Middle Initial)  
**C. ALEXANDRA BALATSOUKAS**  
 Mailing Address 1225 W. Morse Unit 508  
 City State Zip Code  
 Chicago IL 60626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782071**  
 Amount of Each Receipt this Period  
 34.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.90  
**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 106  
(check 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 P BALLINGER**

Mailing Address 61 Tournament Dr N

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-PRD-Chief Underwriter

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 277.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601943**

Amount of Each Receipt this Period  
 40.16

Full Name (Last, First, Middle Initial)  
**B. WILLIAM P BALLINGER**

Mailing Address 61 Tournament Dr N

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-PRD-Chief Underwriter

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 317.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781941**

Amount of Each Receipt this Period  
 40.16

Full Name (Last, First, Middle Initial)  
**C. PHILLIP W BANET**

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 Senior Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 299.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601969**

Amount of Each Receipt this Period  
 43.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.22

**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 9 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. PHILLIP W BANET**  
 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 Senior Actuary  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 343.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781967**  
 Amount of Each Receipt this Period  
 43.90

Full Name (Last, First, Middle Initial)  
**B. ROBERT K BECKER**  
 Mailing Address 5 Greensview Lane  
 City State Zip Code  
 Scotch Plains NJ 07076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 213.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601915**  
 Amount of Each Receipt this Period  
 30.63

Full Name (Last, First, Middle Initial)  
**C. ROBERT K BECKER**  
 Mailing Address 5 Greensview Lane  
 City State Zip Code  
 Scotch Plains NJ 07076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781914**  
 Amount of Each Receipt this Period  
 30.63

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.16  
**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 10 OF 106               |
|   | <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. 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 ALR-Architect-Sr Exp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.83

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602040**  
 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 ALR-Architect-Sr Exp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 299.71

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782037**  
 Amount of Each Receipt this Period  
 37.88

**C. DOUGLAS L BORG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11988 Crafton Hills Crt  
 City Yucaipa State CA Zip Code 92399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Financial Sales Consultan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602126**  
 Amount of Each Receipt this Period  
 33.49

**SUBTOTAL** of Receipts This Page (optional).....▶ 109.25  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 106  
(check 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. 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 Financial Sales Consultan  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 267.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782122**  
 Amount of Each Receipt this Period  
 33.49

Full Name (Last, First, Middle Initial)  
**B. WILLIAM B BORST**  
 Mailing Address 827 N. HADDOW AVENUE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-B2B-Head of Strategic  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 223.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601998**  
 Amount of Each Receipt this Period  
 32.60

Full Name (Last, First, Middle Initial)  
**C. WILLIAM B BORST**  
 Mailing Address 827 N. HADDOW AVENUE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-B2B-Head of Strategic  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 256.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781996**  
 Amount of Each Receipt this Period  
 32.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.69  
**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 12 OF 106               |
|   | <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. LONDON B BRADLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6350 S Langdale Way  
 City Aurora State CO Zip Code 80016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Regional Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 271.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602115**  
 Amount of Each Receipt this Period  
 39.78

**B. LONDON B BRADLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6350 S Langdale Way  
 City Aurora State CO Zip Code 80016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Regional Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782111**  
 Amount of Each Receipt this Period  
 39.78

**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 VP-CLM-Claims Technical E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602003**  
 Amount of Each Receipt this Period  
 55.57

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.13 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 13 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. SHAWN L BROADFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1044 APPLE BLOSSOM COURT  
 City State Zip Code  
 LAKE ZURICH IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-CLM-Claims Technical E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 435.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782001**  
 Amount of Each Receipt this Period  
 55.57

**B. 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 SVP-HR-Client Partnership  
 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  
 04 / 03 / 2015  
**Transaction ID : A2015-601930**  
 Amount of Each Receipt this Period  
 60.35

**C. 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 SVP-HR-Client Partnership  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 476.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781928**  
 Amount of Each Receipt this Period  
 60.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.27  
**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 14 OF 106  
(check 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. ALICE M BYRNE**

Mailing Address 4121 109TH STREET

City State Zip Code  
 PLEASANT PRAIRI WI 53158

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 643.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : A2015-602086**

Amount of Each Receipt this Period  
 94.81

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

Mailing Address 4121 109TH STREET

City State Zip Code  
 PLEASANT PRAIRI WI 53158

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 738.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-782083**

Amount of Each Receipt this Period  
 94.81

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 ▼  
 216.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-782159**

Amount of Each Receipt this Period  
 27.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 217.42

**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 15 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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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 VP-SAL-Field Vice Preside

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.46

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015  
**Transaction ID : A2015-602051**

Amount of Each Receipt this Period  
32.00

Full Name (Last, First, Middle Initial)  
**B. 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 VP-SAL-Field Vice Preside

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.46

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2015  
**Transaction ID : A2015-782048**

Amount of Each Receipt this Period  
32.00

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 Senior Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.84

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015  
**Transaction ID : A2015-602145**

Amount of Each Receipt this Period  
37.55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101.55

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 9832 Toscano Drive

City ELK GROVE State CA Zip Code 95757

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

Name of Employer Allstate Insurance Company Occupation Senior Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.39**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782141**

Amount of Each Receipt this Period  
**37.55**

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

Mailing Address 4667 TAMWORTH DR

City PALM HARBOR State FL Zip Code 34685

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

Name of Employer Allstate Insurance Company Occupation Marketing Regional Sr Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.22**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-602049**

Amount of Each Receipt this Period  
**34.75**

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

Mailing Address 4667 TAMWORTH DR

City PALM HARBOR State FL Zip Code 34685

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

Name of Employer Allstate Insurance Company Occupation Marketing Regional Sr Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **271.97**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782046**

Amount of Each Receipt this Period  
**34.75**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **107.05**

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

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

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

FOR LINE NUMBER: PAGE 17 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. LISA D COCHRANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 FAIRVIEW AVENUE  
 City WINNETKA State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-Integrated Mrktng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602026**  
 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 SVP-MRK-Integrated Mrktng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782023**  
 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 SVP-ATO-Delivery & Risk M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602029**  
 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 18 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. PATRICIA A COFFEY**  
 Mailing Address 21200 W. KEPWICK  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Delivery & Risk M  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 292.14

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782026**  
 Amount of Each Receipt this Period  
 36.72

Full Name (Last, First, Middle Initial)  
**B. EDWARD T COLLINS**  
 Mailing Address 809 DUNHILL COURT  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Public Policy Deve  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 367.99

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601995**  
 Amount of Each Receipt this Period  
 53.74

Full Name (Last, First, Middle Initial)  
**C. EDWARD T COLLINS**  
 Mailing Address 809 DUNHILL COURT  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Public Policy Deve  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 421.73

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781993**  
 Amount of Each Receipt this Period  
 53.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.20  
**TOTAL** This Period (last page this line number only)..... ▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. RICHARD C CRIST Jr.</b>  |                                     | Date of Receipt   |
| Mailing Address 3227 Meadow Lane  |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Collegeville  | PA                                  | 19426   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-781933</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | SVP-SAL-Field Senior Vice           | <input type="text" value="77.90"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="618.03"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Teresa J Dalenta</b>   |                                     | Date of Receipt   |
| Mailing Address 528 Cumnor Court  |                                     | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Deerfield   | IL                                  | 60015   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-602172</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | SVP-PRD-Product Line Mana           | <input type="text" value="40.38"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="242.28"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Teresa J Dalenta</b>   |                                     | Date of Receipt   |
| Mailing Address 528 Cumnor Court  |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Deerfield   | IL                                  | 60015   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-782168</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | SVP-PRD-Product Line Mana           | <input type="text" value="40.38"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="282.66"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="158.66"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

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

FOR LINE NUMBER: PAGE 21 OF 106  
(check 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)<br><b>A. RANDALL S DECOURSEY</b>  |   |   | Date of Receipt<br><input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/><br><b>Transaction ID : A2015-601996</b> |
| Mailing Address 1954 Oakwood Dr   |   |   | Amount of Each Receipt this Period<br><input type="text" value="47.93"/>   |
| City<br>Arlington Heights   | State<br>IL                             | Zip Code<br>60004   |  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | Aggregate Year-to-Date ▼<br><input type="text" value="326.20"/> |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>VP-AF-Contact Center Impl |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RANDALL S DECOURSEY</b>  |   |   | Date of Receipt<br><input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/><br><b>Transaction ID : A2015-781994</b> |
| Mailing Address 1954 Oakwood Dr   |   |   | Amount of Each Receipt this Period<br><input type="text" value="47.93"/>   |
| City<br>Arlington Heights   | State<br>IL                             | Zip Code<br>60004   |  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | Aggregate Year-to-Date ▼<br><input type="text" value="374.13"/> |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>VP-AF-Contact Center Impl |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JEFFREY F DEIGL</b>  |   |   | Date of Receipt<br><input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/><br><b>Transaction ID : A2015-602062</b> |
| Mailing Address 453 PRAIRIE   |   |   | Amount of Each Receipt this Period<br><input type="text" value="58.91"/>   |
| City<br>ELMHURST  | State<br>IL                             | Zip Code<br>60126   |  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | Aggregate Year-to-Date ▼<br><input type="text" value="404.67"/> |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>VP-PRD-Product Vice Presi |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="154.77"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 22 OF 106               |
|   | (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. 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 VP-PRD-Product Vice Presi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
463.58

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2015  
**Transaction ID : A2015-782059**

Amount of Each Receipt this Period  
58.91

Full Name (Last, First, Middle Initial)  
**B. Victoria A Dinges**

Mailing Address 421 Chapel Hill Lane

City State Zip Code  
Northfield IL 60093

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

Name of Employer Occupation  
Allstate Insurance Company SVP-CR-Ent. Social Resp.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.19

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015  
**Transaction ID : A2015-602148**

Amount of Each Receipt this Period  
68.14

Full Name (Last, First, Middle Initial)  
**C. Victoria A Dinges**

Mailing Address 421 Chapel Hill Lane

City State Zip Code  
Northfield IL 60093

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

Name of Employer Occupation  
Allstate Insurance Company SVP-CR-Ent. Social Resp.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
533.33

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2015  
**Transaction ID : A2015-782144**

Amount of Each Receipt this Period  
68.14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.19

**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 23 OF 106  
(check 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 B DREXLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 W. SYCAMORE ST.  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CE-Contact Center Strateg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.29

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601983**  
 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 State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CE-Contact Center Strateg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 298.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781981**  
 Amount of Each Receipt this Period  
 37.99

**C. Stacy Drumtra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 E. Euclid Ave  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CR-Corporate Comm-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 253.93

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602149**  
 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 24 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 114 E. Euclid Ave

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company CR-Corporate Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782145**

Amount of Each Receipt this Period  
37.08

Full Name (Last, First, Middle Initial)  
**B. DONALD L DUFF**

Mailing Address 2 Washington Ct..

City State Zip Code  
STREAMWOOD IL 60107

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Product Line-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601981**

Amount of Each Receipt this Period  
35.67

Full Name (Last, First, Middle Initial)  
**C. DONALD L DUFF**

Mailing Address 2 Washington Ct..

City State Zip Code  
STREAMWOOD IL 60107

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Product Line-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781979**

Amount of Each Receipt this Period  
35.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.42

**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 25 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 18202 HARNISH RD.

City State Zip Code  
 ROSCOE IL 61073

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 206.39

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602036**

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-Project Mgmt-Manag

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 236.44

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782033**

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 ▼  
 580.93

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602164**

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 26 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 2601 N. Greenview Ave.

City Chicago State IL Zip Code 60614

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **663.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782160**

Amount of Each Receipt this Period  
**82.99**

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

Mailing Address 21 Seneca Ave West

City Hathorn Woods State IL Zip Code 60047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.83**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-602176**

Amount of Each Receipt this Period  
**46.13**

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

Mailing Address 21 Seneca Ave West

City Hathorn Woods State IL Zip Code 60047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782172**

Amount of Each Receipt this Period  
**46.13**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **175.25**

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

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

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

FOR LINE NUMBER: PAGE 27 OF 106  
(check 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 CHICAGO State IL Zip Code 60655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-FSS-Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 376.95

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602054**  
 Amount of Each Receipt this Period  
 53.85

**B. KATHLEEN N ENRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10323 TRUMBULL AVE  
 City CHICAGO State IL Zip Code 60655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-FSS-Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782051**  
 Amount of Each Receipt this Period  
 53.85

**C. MICHAEL L ESCOBAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 BALMORAL LANE  
 City INVERNESS State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-HR-Diversity & Org. Ef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 414.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601903**  
 Amount of Each Receipt this Period  
 59.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 167.47  
**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 28 OF 106  
(check 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 State Zip Code  
 INVERNESS IL 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-HR-Diversity & Org. Ef  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 474.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781902**  
 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 State Zip Code  
 Arlington Heights IL 60005  
 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 ▼  
 210.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602182**  
 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 State Zip Code  
 Arlington Heights IL 60005  
 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 ▼  
 241.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782178**  
 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 29 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. CAROLYN A FILIPOVIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 JUNIPER ROAD  
 City GLENVIEW State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ethics Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.74

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602077**  
 Amount of Each Receipt this Period  
 33.32

**B. CAROLYN A FILIPOVIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 JUNIPER ROAD  
 City GLENVIEW State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ethics Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.06

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782074**  
 Amount of Each Receipt this Period  
 33.32

**C. STEVEN FINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40375 N. SEA EAGLE CT  
 City ANTIOCH State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Agency Ops-Strategy & Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.64

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601928**  
 Amount of Each Receipt this Period  
 29.03

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.67  
**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 30 OF 106  
(check 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 Agency Ops-Strategy & Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781926**

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 VP-LGL-Allstate Financial

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602109**

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 VP-LGL-Allstate Financial

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782105**

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 31 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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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 ATO-Six Sigma-Sr Exp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.23**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-602016**

Amount of Each Receipt this Period  
**37.32**

Full Name (Last, First, Middle Initial)  
**B. 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 ATO-Six Sigma-Sr Exp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.55**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782013**

Amount of Each Receipt this Period  
**37.32**

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 SVP-SAL-Field Senior Vice

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-781900**

Amount of Each Receipt this Period  
**28.50**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>103.14</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Finance Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602021**  
 Amount of Each Receipt this Period  
 42.05

**B. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Finance Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782018**  
 Amount of Each Receipt this Period  
 42.05

**C. BONNIE S GILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 EDGEFIELD LANE  
 City State Zip Code  
 HOFFMAN ESTATES IL 60169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602111**  
 Amount of Each Receipt this Period  
 34.88

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 118.98 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 33 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code  
 HOFFMAN ESTATES IL 60169

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782107**

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 L&R-Lit Svcs Attorney HO-

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 324.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601904**

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 L&R-Lit Svcs Attorney HO-

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 371.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781903**

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**

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

FOR LINE NUMBER: PAGE 34 OF 106  
(check 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 M GOLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2372 SIMPSON FARM WAY  
 City State Zip Code  
 SMYRNA GA 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 301.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602135**  
 Amount of Each Receipt this Period  
 43.69

**B. RICHARD M GOLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2372 SIMPSON FARM WAY  
 City State Zip Code  
 SMYRNA GA 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782131**  
 Amount of Each Receipt this Period  
 43.69

**C. ANN A GOULD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4071 NEWPORT LANE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Senior Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 257.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602132**  
 Amount of Each Receipt this Period  
 37.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 106  
(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. ANN A GOULD**

Mailing Address 4071 NEWPORT LANE

City State Zip Code  
ARLINGTON HTS IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782128**

Amount of Each Receipt this Period  
37.30

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

Mailing Address 801 N. Vail Avenue

City State Zip Code  
Arlington Heights IL 60004

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
383.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601959**

Amount of Each Receipt this Period  
56.50

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

Mailing Address 801 N. Vail Avenue

City State Zip Code  
Arlington Heights IL 60004

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
439.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781957**

Amount of Each Receipt this Period  
56.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.30

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

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

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

FOR LINE NUMBER: PAGE 36 OF 106  
(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. Mark A Green**

Mailing Address 1711 Wildwood Ct

City State Zip Code  
 Glenview IL 60025

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 466.62

Date of Receipt  
 04 / 03 / 2015  
**Transaction ID : A2015-602156**

Amount of Each Receipt this Period  
 68.35

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

Mailing Address 1711 Wildwood Ct

City State Zip Code  
 Glenview IL 60025

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 534.97

Date of Receipt  
 04 / 17 / 2015  
**Transaction ID : A2015-782152**

Amount of Each Receipt this Period  
 68.35

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

Mailing Address 338 North Kenilworth

City State Zip Code  
 OAK PARK IL 60302

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 549.82

Date of Receipt  
 04 / 03 / 2015  
**Transaction ID : A2015-601967**

Amount of Each Receipt this Period  
 80.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 217.47

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. JUDITH P GREFFIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 338 North Kenilworth  
City OAK PARK State IL Zip Code 60302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation EVP-INV-Chief Investment  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.59

Date of Receipt 04 / 17 / 2015  
**Transaction ID : A2015-781965**  
Amount of Each Receipt this Period 80.77

**B. M'BA G GREGOIRE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 Linden Road  
City Lake Zurich State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation L&R-Lit Svcs Attorney HO-  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.75

Date of Receipt 04 / 03 / 2015  
**Transaction ID : A2015-602136**  
Amount of Each Receipt this Period 45.06

**C. M'BA G GREGOIRE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 Linden Road  
City Lake Zurich State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation L&R-Lit Svcs Attorney HO-  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.81

Date of Receipt 04 / 17 / 2015  
**Transaction ID : A2015-782132**  
Amount of Each Receipt this Period 45.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.89  
**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 38 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. GREGORY J GUIDOS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6130 St. Andrews Ct.  
City State Zip Code  
Ponte Vedra Beach FL 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company SVP-B2B-President Allsta  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**239.25**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**  
**Transaction ID : A2015-602076**  
Amount of Each Receipt this Period  
**35.04**

**B. GREGORY J GUIDOS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6130 St. Andrews Ct.  
City State Zip Code  
Ponte Vedra Beach FL 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company SVP-B2B-President Allsta  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**274.29**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**  
**Transaction ID : A2015-782073**  
Amount of Each Receipt this Period  
**35.04**

**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 ▼  
**454.55**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**  
**Transaction ID : A2015-602177**  
Amount of Each Receipt this Period  
**66.35**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>136.43</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 39 OF 106               |
|   | (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. Sanjay Gupta**  
Full Name (Last, First, Middle Initial)

Mailing Address 1971 Farnsworth Ln

City Northbrook State IL Zip Code 60062

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782173**

Amount of Each Receipt this Period  
**66.35**

**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 Claims-HO Leadership-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **296.63**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-602116**

Amount of Each Receipt this Period  
**43.45**

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

Mailing Address 840 ALLEGHANY

City GRAYSLAKE State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation Claims-HO Leadership-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782112**

Amount of Each Receipt this Period  
**43.45**

**SUBTOTAL** of Receipts This Page (optional)..... **153.25**

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

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

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

FOR LINE NUMBER: PAGE 40 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. David S Harper**

Mailing Address 41 Lancaster Lane

City State Zip Code  
 Lincolnshire IL 60069

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-FSS-Tax

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602159**

Amount of Each Receipt this Period  
 69.22

Full Name (Last, First, Middle Initial)  
**B. David S Harper**

Mailing Address 41 Lancaster Lane

City State Zip Code  
 Lincolnshire IL 60069

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-FSS-Tax

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 544.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782155**

Amount of Each Receipt this Period  
 69.22

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 456.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602171**

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: (check only one)       | PAGE 41 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

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 ▼ **522.21**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782167**

Amount of Each Receipt this Period  
**66.12**

Full Name (Last, First, Middle Initial)  
**B. James A Haskins**

Mailing Address 511 Oak Knoll Road

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **711.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-602173**

Amount of Each Receipt this Period  
**103.85**

Full Name (Last, First, Middle Initial)  
**C. James A Haskins**

Mailing Address 511 Oak Knoll Road

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **815.19**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782169**

Amount of Each Receipt this Period  
**103.85**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **273.82**

**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 42 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. KEITH A HAUSCHILDT</b>   |                                     | Date of Receipt   |
| Mailing Address 25 Players Club Villas Rd   |                                     | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Ponte Vedra   | FL                                  | 32082   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-601965</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | VP-B2B-Allstate Benefits            | <input type="text" value="40.21"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="277.92"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KEITH A HAUSCHILDT</b>   |                                     | Date of Receipt   |
| Mailing Address 25 Players Club Villas Rd   |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Ponte Vedra   | FL                                  | 32082   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-781963</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | VP-B2B-Allstate Benefits            | <input type="text" value="40.21"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="318.13"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Troy M Hawkes</b>  |                                     | Date of Receipt   |
| Mailing Address 210 Ivy Glen Dr.  |                                     | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Milford   | MI                                  | 48380   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-602180</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | SVP-SAL-Field Senior Vice           | <input type="text" value="50.77"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="353.08"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="131.19"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

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

FOR LINE NUMBER: PAGE 43 OF 106  
(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. 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 ▼ **403.85**

Date of Receipt **04 / 17 / 2015**  
Transaction ID : **A2015-782176**

Amount of Each Receipt this Period **50.77**

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

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 ▼ **235.11**

Date of Receipt **04 / 03 / 2015**  
Transaction ID : **A2015-602181**

Amount of Each Receipt this Period **34.23**

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

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 ▼ **269.34**

Date of Receipt **04 / 17 / 2015**  
Transaction ID : **A2015-782177**

Amount of Each Receipt this Period **34.23**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **119.23**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 106               |
|   | <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)<br><b>A. Barbara A Higgins</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 03 / 2015<br><b>Transaction ID : A2015-602174</b> |
| Mailing Address 2107 N Lakewood Ave   |   | Amount of Each Receipt this Period<br>38.60  |
| City Chicago  | State IL                                | Zip Code 60614   |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>SVP-APL-Customer Retentio |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>266.82      |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Barbara A Higgins</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 17 / 2015<br><b>Transaction ID : A2015-782170</b> |
| Mailing Address 2107 N Lakewood Ave   |   | Amount of Each Receipt this Period<br>38.60  |
| City Chicago  | State IL                                | Zip Code 60614   |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>SVP-APL-Customer Retentio |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>305.42      |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WILLIAM G HILL</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 03 / 2015<br><b>Transaction ID : A2015-601949</b> |
| Mailing Address 2935 GLENARYE DRIVE   |  | Amount of Each Receipt this Period<br>143.89   |
| City LINDENHURST  | State IL                               | Zip Code 60046   |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>EVP-PRD-Regional Product |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>979.33     |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 221.09 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. WILLIAM G HILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2935 GLENARYE DRIVE  
City LINDENHURST State IL Zip Code 60046  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation EVP-PRD-Regional Product  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1123.22

Date of Receipt 04 / 17 / 2015  
**Transaction ID : A2015-781947**  
Amount of Each Receipt this Period 143.89

**B. SAM R HOUK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1158 CIMARRON DR.  
City CARY State IL Zip Code 60013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Compliance Senior Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 223.74

Date of Receipt 04 / 03 / 2015  
**Transaction ID : A2015-601997**  
Amount of Each Receipt this Period 32.40

**C. SAM R HOUK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1158 CIMARRON DR.  
City CARY State IL Zip Code 60013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Compliance Senior Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 256.14

Date of Receipt 04 / 17 / 2015  
**Transaction ID : A2015-781995**  
Amount of Each Receipt this Period 32.40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.69  
**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 46 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
KILDEER IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company VP-LGL-Corporate Law

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602022**

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 State Zip Code  
KILDEER IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company VP-LGL-Corporate Law

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782019**

Amount of Each Receipt this Period  
60.39

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

Mailing Address 10825 CHAUCER DRIVE

City State Zip Code  
WILLOW SPRINGS IL 60480

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602009**

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: PAGE 47 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 10825 CHAUCER DRIVE

City State Zip Code  
 WILLOW SPRINGS IL 60480

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 407.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-782007**

Amount of Each Receipt this Period  
 52.29

Full Name (Last, First, Middle Initial)  
**B. LYNNE A IVERSON**

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
 CARY IL 60013

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

Name of Employer Occupation  
 Allstate Insurance Company Product Operations Senior

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 227.73

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : A2015-602000**

Amount of Each Receipt this Period  
 32.95

Full Name (Last, First, Middle Initial)  
**C. LYNNE A IVERSON**

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
 CARY IL 60013

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

Name of Employer Occupation  
 Allstate Insurance Company Product Operations Senior

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-781998**

Amount of Each Receipt this Period  
 32.95

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **118.19**

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 48 OF 106  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JAMES C JAMIESON</b>   |                                     | Date of Receipt   |
| Mailing Address 935 Lancaster Rd..  |                                     | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Lake Zurich   | IL                                  | 60047   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-601984</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | ARE-Real Estate & Constru           | <input type="text" value="42.99"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="291.70"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES C JAMIESON</b>   |                                     | Date of Receipt   |
| Mailing Address 935 Lancaster Rd..  |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Lake Zurich   | IL                                  | 60047   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-781982</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | ARE-Real Estate & Constru           | <input type="text" value="42.99"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="334.69"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHN A KANE</b>  |                                     | Date of Receipt   |
| Mailing Address 2180 Trailblazer Way  |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City  | State                               | Zip Code  |
| Castle Rock   | CO                                  | 80109   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : A2015-781907</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Allstate Insurance Company  | VP-SAL-Field Vice Preside           | <input type="text" value="26.24"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="205.38"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="112.22"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

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

FOR LINE NUMBER: PAGE 49 OF 106  
(check 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 ▼  
 408.01

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602166**  
 Amount of Each Receipt this Period  
 58.66

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 ▼  
 466.67

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782162**  
 Amount of Each Receipt this Period  
 58.66

Full Name (Last, First, Middle Initial)  
**C. CHRISTOPHER R KIAH**  
 Mailing Address 221 BRAMPTON LN  
 City State Zip Code  
 LAKE FOREST IL 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ST-Protection Program  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 412.81

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601895**  
 Amount of Each Receipt this Period  
 59.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.40  
**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 50 OF 106  
(check 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 SVP-ST-Protection Program

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 471.89

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781894**

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 ATO-Manager-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.99

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601985**

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 ATO-Manager-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 361.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781983**

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:             | PAGE 51 OF 106               |
|   | (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)<br><b>A. Stephen B King</b>   |                          | Date of Receipt   |
| Mailing Address 1620 Monterey   |                          | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City<br>Glenview  | State<br>IL              | Zip Code<br>60026   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                          | <b>Transaction ID : A2015-602154</b>  |
| Name of Employer<br>Allstate Insurance Company  |                          | Amount of Each Receipt this Period  |
| Occupation<br>VP-HR-Leadership & Talent   |                          | <input type="text" value="31.38"/>  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
| <input type="text" value="217.59"/>   |                          |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Stephen B King</b>   |                          | Date of Receipt   |
| Mailing Address 1620 Monterey   |                          | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City<br>Glenview  | State<br>IL              | Zip Code<br>60026   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                          | <b>Transaction ID : A2015-782150</b>  |
| Name of Employer<br>Allstate Insurance Company  |                          | Amount of Each Receipt this Period  |
| Occupation<br>VP-HR-Leadership & Talent   |                          | <input type="text" value="31.38"/>  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
| <input type="text" value="248.97"/>   |                          |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JEFFREY D KNIPP</b>  |                          | Date of Receipt   |
| Mailing Address 2050 GLENDALE AVE   |                          | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City<br>NORTHBROOK  | State<br>IL              | Zip Code<br>60062   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                          | <b>Transaction ID : A2015-602114</b>  |
| Name of Employer<br>Allstate Insurance Company  |                          | Amount of Each Receipt this Period  |
| Occupation<br>Operations Director   |                          | <input type="text" value="40.14"/>  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
| <input type="text" value="273.65"/>   |                          |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="102.90"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 2050 GLENDALE AVE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **313.79**

Date of Receipt **04 / 17 / 2015**

**Transaction ID : A2015-782110**

Amount of Each Receipt this Period **40.14**

**B. JAIKRISHNA KUCHIMANCHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4513 Jenna Rd

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation ALR-Manager-Sr Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **261.54**

Date of Receipt **04 / 03 / 2015**

**Transaction ID : A2015-602057**

Amount of Each Receipt this Period **38.54**

**C. JAIKRISHNA KUCHIMANCHI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4513 Jenna Rd

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation ALR-Manager-Sr Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.08**

Date of Receipt **04 / 17 / 2015**

**Transaction ID : A2015-782054**

Amount of Each Receipt this Period **38.54**

**SUBTOTAL** of Receipts This Page (optional)..... **117.22**

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 53 OF 106  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. SUSAN L LEES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 Merritt 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 EVP-LGL-Gen'l Counsel & C  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **781.74**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : A2015-601893**  
 Amount of Each Receipt this Period **115.38**

**B. SUSAN L LEES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 Merritt 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 EVP-LGL-Gen'l Counsel & C  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **897.12**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : A2015-781892**  
 Amount of Each Receipt this Period **115.38**

**C. Peter G Logothetis**  
 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 **442.85**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : A2015-602167**  
 Amount of Each Receipt this Period **63.67**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>294.43</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 OF 106               |
|   | <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. Peter G Logothetis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2326 Indian Ridge Drive

City State Zip Code  
Glenview IL 60026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **506.52**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782163**

Amount of Each Receipt this Period  
**63.67**

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

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 Agency Ops-Strategy & Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **261.67**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-601936**

Amount of Each Receipt this Period  
**29.65**

**C. ANGELA M Lovest**  
Full Name (Last, First, Middle Initial)

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 Agency Ops-Strategy & Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **291.32**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-781934**

Amount of Each Receipt this Period  
**29.65**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>122.97</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address P.O. BOX 9242

City State Zip Code  
GLENDALE CA 91226

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Lit Svcs Attorney-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.79

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : A2015-602134**

Amount of Each Receipt this Period  
39.05

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

Mailing Address P.O. BOX 9242

City State Zip Code  
GLENDALE CA 91226

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Lit Svcs Attorney-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2015

**Transaction ID : A2015-782130**

Amount of Each Receipt this Period  
39.05

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

Mailing Address 9655 Woods Drive Unit 708

City State Zip Code  
Skokie IL 60077

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

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : A2015-602047**

Amount of Each Receipt this Period  
36.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.33

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

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

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

FOR LINE NUMBER: PAGE 56 OF 106  
(check 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 Senior Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 287.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782044**  
 Amount of Each Receipt this Period  
 36.23

**B. Katherine A Mabe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2750 Commons Drive  
 City Glenview State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-B2B-President Busine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 797.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602165**  
 Amount of Each Receipt this Period  
 117.69

**C. Katherine A Mabe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2750 Commons Drive  
 City Glenview State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-B2B-President Busine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 915.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782161**  
 Amount of Each Receipt this Period  
 117.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 271.61  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 57 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. Rhonda J Masser**  
 Mailing Address 4807 Wildwood Dr  
 City State Zip Code  
 McHenry IL 60051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Client Partnership-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 292.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601974**  
 Amount of Each Receipt this Period  
 42.63

Full Name (Last, First, Middle Initial)  
**B. Rhonda J Masser**  
 Mailing Address 4807 Wildwood Dr  
 City State Zip Code  
 McHenry IL 60051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Client Partnership-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 335.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781972**  
 Amount of Each Receipt this Period  
 42.63

Full Name (Last, First, Middle Initial)  
**C. JOHN A MC LAUGHLIN**  
 Mailing Address 25748 N. Stoney Kirk Ct.  
 City State Zip Code  
 Hawthorn Woods IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 299.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602006**  
 Amount of Each Receipt this Period  
 42.94

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.20  
**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 58 OF 106  
(check 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 MC LAUGHLIN**  
 Mailing Address 25748 N. Stoney Kirk Ct.  
 City State Zip Code  
 Hawthorn Woods IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 341.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782004**  
 Amount of Each Receipt this Period  
 42.94

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 SVP-CLM-Centralized Servi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602123**  
 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 SVP-CLM-Centralized Servi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 264.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782119**  
 Amount of Each Receipt this Period  
 33.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 109.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 OF 106               |
|   | <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. EVA M MCINTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4109 W Bath Road

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Akron | State<br>OH | Zip Code<br>44333 |
|---------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>Claims-Field Leadership-D |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.60**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602122**

Amount of Each Receipt this Period  

|       |
|-------|
| 46.81 |
|-------|

**B. EVA M MCINTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4109 W Bath Road

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Akron | State<br>OH | Zip Code<br>44333 |
|---------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>Claims-Field Leadership-D |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.41**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-782118**

Amount of Each Receipt this Period  

|       |
|-------|
| 46.81 |
|-------|

**C. JEFFREY J MCRAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Arcadia Lane

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>LAKE ZURICH | State<br>IL | Zip Code<br>60047 |
|---------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-ATO-Technology Strate |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.46**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-781961**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.51 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>124.13</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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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<br>Highland Park | State<br>IL | Zip Code<br>60035 |
|-----------------------|-------------|-------------------|

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

|  |                                 |
|--|---------------------------------|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-FSS-Treasurer |
|--|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
502.89

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602168**

Amount of Each Receipt this Period  
72.00

**B. Jesse E Merten**  
Full Name (Last, First, Middle Initial)

Mailing Address 76 Logan Loop

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Highland Park | State<br>IL | Zip Code<br>60035 |
|-----------------------|-------------|-------------------|

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

|  |                                 |
|--|---------------------------------|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-FSS-Treasurer |
|--|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
574.89

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-782164**

Amount of Each Receipt this Period  
72.00

**C. FREDERICK J MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 16343 Smith Mountain Lake Parkway

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Huddleston | State<br>VA | Zip Code<br>24104 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>Territorial Sales Leader |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-601970**

Amount of Each Receipt this Period  
35.46

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 179.46 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FREDERICK J MILLER</b> |                                     | Date of Receipt   |
| Mailing Address 16343 Smith Mountain Lake Parkway                       |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City  | State                               | <b>Transaction ID : A2015-781968</b>  |
| Huddleston  | VA                                  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.              | <input type="text" value="C"/>      | <input type="text" value="35.46"/>  |
| Name of Employer  | Occupation                          |   |
| Allstate Insurance Company  | Territorial Sales Leader            |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General       | <input type="text" value="245.46"/> |   |
| <input type="checkbox"/> Other (specify) ▼                              |                                     |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. STEVEN M MILLER</b> |                                     | Date of Receipt   |
| Mailing Address 436 N. Harrison St                                   |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City   | State                               | <b>Transaction ID : A2015-782069</b>  |
| ALGONQUIN  | IL                                  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.           | <input type="text" value="C"/>      | <input type="text" value="26.16"/>  |
| Name of Employer   | Occupation                          |   |
| Allstate Insurance Company   | VP-AF-Technology                    |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | <input type="text" value="205.86"/> |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MEGHAN O MULVIHILL</b> |                                     | Date of Receipt   |
| Mailing Address 2445 CHERRY LANE  |                                     | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City  | State                               | <b>Transaction ID : A2015-601945</b>  |
| NORTHBROOK  | IL                                  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.              | <input type="text" value="C"/>      | <input type="text" value="42.47"/>  |
| Name of Employer  | Occupation                          |   |
| Allstate Insurance Company  | State Filings Director              |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General       | <input type="text" value="288.20"/> |   |
| <input type="checkbox"/> Other (specify) ▼                              |                                     |   |

|   |                                     |
|---|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <input type="text" value="104.09"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <input type="text" value=""/>       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MEGHAN O MULVIHILL</b>   |                          | Date of Receipt                               |
| Mailing Address 2445 CHERRY LANE  |                          | M M M / D D D / Y Y Y Y Y Y<br>04 / 17 / 2015 |
| City  | State                    | Zip Code                                      |
| NORTHBROOK  | IL                       | 60062   |
| FEC ID number of contributing federal political committee.  | C                        | <b>Transaction ID : A2015-781943</b>          |
| Name of Employer  | Occupation               | Amount of Each Receipt this Period            |
| Allstate Insurance Company  | State Filings Director   | 42.47   |
| Receipt For:  | Aggregate Year-to-Date ▼ |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 330.67                   |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL F MULVIHILL</b>  |                          | Date of Receipt                               |
| Mailing Address 2445 CHERRY LANE  |                          | M M M / D D D / Y Y Y Y Y Y<br>04 / 03 / 2015 |
| City  | State                    | Zip Code                                      |
| NORTHBROOK  | IL                       | 60062   |
| FEC ID number of contributing federal political committee.  | C                        | <b>Transaction ID : A2015-601990</b>          |
| Name of Employer  | Occupation               | Amount of Each Receipt this Period            |
| Allstate Insurance Company  | Corporate Counsel        | 45.77   |
| Receipt For:  | Aggregate Year-to-Date ▼ |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 316.34                   |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL F MULVIHILL</b>  |                          | Date of Receipt                               |
| Mailing Address 2445 CHERRY LANE  |                          | M M M / D D D / Y Y Y Y Y Y<br>04 / 17 / 2015 |
| City  | State                    | Zip Code                                      |
| NORTHBROOK  | IL                       | 60062   |
| FEC ID number of contributing federal political committee.  | C                        | <b>Transaction ID : A2015-781988</b>          |
| Name of Employer  | Occupation               | Amount of Each Receipt this Period            |
| Allstate Insurance Company  | Corporate Counsel        | 45.77   |
| Receipt For:  | Aggregate Year-to-Date ▼ |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 362.11                   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 134.01 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 63 OF 106  
(check 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 E MURRAY**  
Mailing Address 23665 N. HILLFARM RD  
City State Zip Code  
LAKE BARRINGTON IL 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company VP-CLM-Claims Executive  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**221.99**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**  
**Transaction ID : A2015-601892**  
Amount of Each Receipt this Period  
**56.07**

Full Name (Last, First, Middle Initial)  
**B. JAMES E MURRAY**  
Mailing Address 23665 N. HILLFARM RD  
City State Zip Code  
LAKE BARRINGTON IL 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company VP-CLM-Claims Executive  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**278.06**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**  
**Transaction ID : A2015-781891**  
Amount of Each Receipt this Period  
**56.07**

Full Name (Last, First, Middle Initial)  
**C. DAVID G NADIG**  
Mailing Address 2950 LAKE PLACID  
City State Zip Code  
NORTHBROOK IL 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company SVP-LGL-Protection Law  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**472.89**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**  
**Transaction ID : A2015-602064**  
Amount of Each Receipt this Period  
**69.06**

**SUBTOTAL** of Receipts This Page (optional)..... ► **181.20**  
**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 64 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID G NADIG**  
 Mailing Address 2950 LAKE PLACID  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-LGL-Protection Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **541.95**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 17 / 2015**  
**Transaction ID : A2015-782061**  
 Amount of Each Receipt this Period  
**69.06**

Full Name (Last, First, Middle Initial)  
**B. PATRICK K NOLL**  
 Mailing Address 22451 THORNBURY CT  
 City DEER PARK State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-LGL-Enterprise Busine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **451.48**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 03 / 2015**  
**Transaction ID : A2015-602108**  
 Amount of Each Receipt this Period  
**65.32**

Full Name (Last, First, Middle Initial)  
**C. PATRICK K NOLL**  
 Mailing Address 22451 THORNBURY CT  
 City DEER PARK State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-LGL-Enterprise Busine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **516.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 17 / 2015**  
**Transaction ID : A2015-782104**  
 Amount of Each Receipt this Period  
**65.32**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **199.70**  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 65 OF 106  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. KENNETH I OMURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 KELBURN RD. #315  
 City DEERFIELD State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.46

Date of Receipt  
 04 / 03 / 2015  
**Transaction ID : A2015-601966**  
 Amount of Each Receipt this Period  
 42.23

**B. KENNETH I OMURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 KELBURN RD. #315  
 City DEERFIELD State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.69

Date of Receipt  
 04 / 17 / 2015  
**Transaction ID : A2015-781964**  
 Amount of Each Receipt this Period  
 42.23

**C. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 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-Field Leadership F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.28

Date of Receipt  
 04 / 03 / 2015  
**Transaction ID : A2015-601962**  
 Amount of Each Receipt this Period  
 52.66

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 137.12 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 66 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 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-Field Leadership F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 413.94

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781960**  
 Amount of Each Receipt this Period  
 52.66

**B. LAURIE PELLOUCHOUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 PLEASANT  
 City GLENVIEW State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Homeowners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602059**  
 Amount of Each Receipt this Period  
 47.67

**C. LAURIE PELLOUCHOUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 PLEASANT  
 City GLENVIEW State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Homeowners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782056**  
 Amount of Each Receipt this Period  
 47.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 148.00  
**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 67 OF 106               |
|   | <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. Opal G Perry**  
Full Name (Last, First, Middle Initial)  
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 ▼ 334.92

Date of Receipt  
04 / 03 / 2015  
**Transaction ID : A2015-602175**  
Amount of Each Receipt this Period  
48.61

**B. Opal G Perry**  
Full Name (Last, First, Middle Initial)  
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 ▼ 383.53

Date of Receipt  
04 / 17 / 2015  
**Transaction ID : A2015-782171**  
Amount of Each Receipt this Period  
48.61

**C. THOMAS S PETERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2756 BRECKENRIDGE LANE  
City NAPERVILLE State IL Zip Code 60565  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Mgr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 251.26

Date of Receipt  
04 / 03 / 2015  
**Transaction ID : A2015-602143**  
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 68 OF 106  
(check 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 S PETERSON**  
 Mailing Address 2756 BRECKENRIDGE LANE  
 City State Zip Code  
 NAPERVILLE IL 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 287.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782139**  
 Amount of Each Receipt this Period  
 36.35

Full Name (Last, First, Middle Initial)  
**B. STEVEN A PETTI**  
 Mailing Address 580 SALCEDA DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PF-Property & Casualty  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 394.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601914**  
 Amount of Each Receipt this Period  
 57.49

Full Name (Last, First, Middle Initial)  
**C. STEVEN A PETTI**  
 Mailing Address 580 SALCEDA DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PF-Property & Casualty  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 452.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781913**  
 Amount of Each Receipt this Period  
 57.49

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 151.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 69 OF 106  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. JOHN C PINTOZZI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 W Cortland ST  
 City CHICAGO State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-INV-Chief Financial O  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.88

Date of Receipt  
 04 / 03 / 2015  
**Transaction ID : A2015-601979**  
 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 CHICAGO State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-INV-Chief Financial O  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.72

Date of Receipt  
 04 / 17 / 2015  
**Transaction ID : A2015-781977**  
 Amount of Each Receipt this Period  
 41.84

**C. DAVID J PRENDERGAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8262 Arrowleaf Turn  
 City Gainesville State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Regional Presiden  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.71

Date of Receipt  
 04 / 03 / 2015  
**Transaction ID : A2015-601909**  
 Amount of Each Receipt this Period  
 84.74

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 168.42 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 70 OF 106               |
|   | (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**

**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 SVP-SAL-Regional Presiden  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781908**  
 Amount of Each Receipt this Period  
 84.74

**B. THOMAS G PURTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22663 CHESHIRE COURT  
 City DEER PARK State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782058**  
 Amount of Each Receipt this Period  
 27.99

**C. MARY J QUINN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 S. CHESTNUT AVENUE  
 City ARLINGTON HEIGH State IL Zip Code 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Investment Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602083**  
 Amount of Each Receipt this Period  
 49.64

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 162.37 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 71 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. MARY J QUINN**

Mailing Address **837 S. CHESTNUT AVENUE**

|                                |                    |                          |
|--------------------------------|--------------------|--------------------------|
| City<br><b>ARLINGTON HEIGH</b> | State<br><b>IL</b> | Zip Code<br><b>60005</b> |
|--------------------------------|--------------------|--------------------------|

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

|   |  |
|---|--|
| Name of Employer<br><b>Allstate Insurance Company</b> | Occupation<br><b>VP-LGL-Investment Law</b> |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **389.74**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 17  | / | 2015    |

**Transaction ID : A2015-782080**

Amount of Each Receipt this Period  

|       |
|-------|
| 49.64 |
|-------|

Full Name (Last, First, Middle Initial)  
**B. KEVIN P RICE**

Mailing Address **618 Burdick St.**

|                             |                    |                          |
|-----------------------------|--------------------|--------------------------|
| City<br><b>LIBERTYVILLE</b> | State<br><b>IL</b> | Zip Code<br><b>60048</b> |
|-----------------------------|--------------------|--------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br><b>Allstate Insurance Company</b> | Occupation<br><b>ATO-Manager-Dir</b> |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.12**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 03  | / | 2015    |

**Transaction ID : A2015-602010**

Amount of Each Receipt this Period  

|       |
|-------|
| 42.16 |
|-------|

Full Name (Last, First, Middle Initial)  
**C. MARIO RIZZO**

Mailing Address **5926 W. 90TH PLACE**

|                         |                    |                          |
|-------------------------|--------------------|--------------------------|
| City<br><b>OAK LAWN</b> | State<br><b>IL</b> | Zip Code<br><b>60453</b> |
|-------------------------|--------------------|--------------------------|

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

|   |  |
|---|--|
| Name of Employer<br><b>Allstate Insurance Company</b> | Occupation<br><b>SVP-APL-Chief Financial O</b> |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **444.02**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 03  | / | 2015    |

**Transaction ID : A2015-602012**

Amount of Each Receipt this Period  

|       |
|-------|
| 66.60 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>158.40</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

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

FOR LINE NUMBER: PAGE 72 OF 106  
(check 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 SVP-APL-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782009**  
 Amount of Each Receipt this Period  
 66.60

Full Name (Last, First, Middle Initial)  
**B. 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 CR-Regional Bus Comm-Sr M  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 219.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781954**  
 Amount of Each Receipt this Period  
 28.22

Full Name (Last, First, Middle Initial)  
**C. GREGORY C ROHLFING**  
 Mailing Address 106 ASHLAND  
 City State Zip Code  
 RIVER FOREST IL 60305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 321.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601977**  
 Amount of Each Receipt this Period  
 46.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 141.72  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 73 OF 106  |
| <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)<br><b>A. GREGORY C ROHLFING</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 17 / 2015<br><b>Transaction ID : A2015-781975</b> |
| Mailing Address 106 ASHLAND   |                                    | Amount of Each Receipt this Period<br>46.90  |
| City RIVER FOREST   | State IL Zip Code 60305            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer Allstate Insurance Company   | Occupation Corporate Counsel       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>368.04 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN ROSZKOWSKI</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 03 / 2015<br><b>Transaction ID : A2015-602041</b> |
| Mailing Address 3371 VENARD RD.   |                                    | Amount of Each Receipt this Period<br>43.97  |
| City DOWNERS GROVE  | State IL Zip Code 60515            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer Allstate Insurance Company   | Occupation ATO-Manager-Dir         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>307.79 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHN ROSZKOWSKI</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 17 / 2015<br><b>Transaction ID : A2015-782038</b> |
| Mailing Address 3371 VENARD RD.   |                                    | Amount of Each Receipt this Period<br>43.97  |
| City DOWNERS GROVE  | State IL Zip Code 60515            |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer Allstate Insurance Company   | Occupation ATO-Manager-Dir         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>351.76 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 134.84 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 74 OF 106  
(check 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 Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 323.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601976**

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 Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 369.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781974**

Amount of Each Receipt this Period  
 46.73

Full Name (Last, First, Middle Initial)  
**C. Donald D Sands**

Mailing Address 321 North Brainard Avenue

City State Zip Code  
 Lagrange Park IL 60526

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

Name of Employer Occupation  
 Allstate Insurance Company VP-ST-Protection Project

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 412.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602160**

Amount of Each Receipt this Period  
 59.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.54

**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 75 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. Donald D Sands**

Mailing Address 321 North Brainard Avenue

City State Zip Code  
 Lagrange Park IL 60526

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

Name of Employer Occupation  
 Allstate Insurance Company VP-ST-Protection Project

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 471.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782156**

Amount of Each Receipt this Period  
 59.08

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

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
 HAWTHORN WOODS IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 422.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601931**

Amount of Each Receipt this Period  
 61.04

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

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
 HAWTHORN WOODS IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 483.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781929**

Amount of Each Receipt this Period  
 61.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 181.16

**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 76 OF 106               |
|   | <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. PAUL SCHUTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6323 N. NORMANDY

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>CHICAGO | State<br>IL | Zip Code<br>60631 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-FSS-Internal Auditing |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
398.82

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602011**

Amount of Each Receipt this Period  
58.06

**B. PAUL SCHUTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6323 N. NORMANDY

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>CHICAGO | State<br>IL | Zip Code<br>60631 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-FSS-Internal Auditing |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456.88

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-782008**

Amount of Each Receipt this Period  
58.06

**C. DAVID J SCHWARTZER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 Waverly Circle

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Phoenixville | State<br>PA | Zip Code<br>19460 |
|----------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-SAL-Field Senior Vice |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.47

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602089**

Amount of Each Receipt this Period  
55.91

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 172.03 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 77 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. DAVID J SCHWARTZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 Waverly Circle  
 City Phoenixville State PA Zip Code 19460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **442.38**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : A2015-782086**  
 Amount of Each Receipt this Period **55.91**

**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 Territorial Sales Leader  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **219.59**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : A2015-602133**  
 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 Territorial Sales Leader  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **251.41**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : A2015-782129**  
 Amount of Each Receipt this Period **31.82**

**SUBTOTAL** of Receipts This Page (optional)..... **119.55**  
**TOTAL** This Period (last page this line number only).....

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 78 OF 106               |
|   | <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. STACY Y SHARPE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 N. Lake Shore Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60611 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-CR-Strategic & Consum |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **397.08**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602037**

Amount of Each Receipt this Period  

|       |
|-------|
| 58.52 |
|-------|

**B. STACY Y SHARPE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 N. Lake Shore Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60611 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-CR-Strategic & Consum |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.60**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-782034**

Amount of Each Receipt this Period  

|       |
|-------|
| 58.52 |
|-------|

**C. STEVEN E SHEBIK**  
Full Name (Last, First, Middle Initial)

Mailing Address 517 ROBINWOOD LANE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>WHEATON | State<br>IL | Zip Code<br>60189 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>EVP-FSS-Chief Financial O |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1211.56**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602018**

Amount of Each Receipt this Period  

|        |
|--------|
| 173.08 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>290.12</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 79 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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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 EVP-FSS-Chief Financial O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782015**

Amount of Each Receipt this Period  
 173.08

**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 CR-Public Affairs-Sr Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602139**

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 CR-Public Affairs-Sr Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782135**

Amount of Each Receipt this Period  
 29.72

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.52

**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 80 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. ROBERT L SIMMONS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1146 39th Ave NE

|   |   |                   |
|---|---|-------------------|
| City<br>St Petersburg   | State<br>FL                               | Zip Code<br>33703 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Corporate Counsel           |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>256.34</b> |                   |

Date of Receipt  
**04 / 03 / 2015**  
**Transaction ID : A2015-601925**

Amount of Each Receipt this Period  
**37.09**

**B. ROBERT L SIMMONS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1146 39th Ave NE

|   |   |                   |
|---|---|-------------------|
| City<br>St Petersburg   | State<br>FL                               | Zip Code<br>33703 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Corporate Counsel           |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>293.43</b> |                   |

Date of Receipt  
**04 / 17 / 2015**  
**Transaction ID : A2015-781923**

Amount of Each Receipt this Period  
**37.09**

**C. KIMBERLY J SLOANE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 650 Rochelle Terrace

|   |   |                   |
|---|---|-------------------|
| City<br>LOMBARD   | State<br>IL                               | Zip Code<br>60148 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |                   |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Risk Management Senior Di   |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>222.61</b> |                   |

Date of Receipt  
**04 / 03 / 2015**  
**Transaction ID : A2015-602033**

Amount of Each Receipt this Period  
**32.65**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>106.83</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

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

FOR LINE NUMBER: PAGE 81 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 650 Rochelle Terrace

City State Zip Code  
 LOMBARD IL 60148

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

Name of Employer Occupation  
 Allstate Insurance Company Risk Management Senior Di

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-782030**

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 Senior Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 273.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : A2015-602093**

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 Senior Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 312.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-782090**

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 82 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. STEVEN P SORENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20712 High Ridge Dr  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PRD-Product Operation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602084**  
 Amount of Each Receipt this Period  
 99.82

**B. STEVEN P SORENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20712 High Ridge Dr  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PRD-Product Operation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 775.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782081**  
 Amount of Each Receipt this Period  
 99.82

**C. KEVIN A SPATARO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 SARATOGA LANE  
 City State Zip Code  
 GLENVIEW IL 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-FSS-Accounting Resear  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602056**  
 Amount of Each Receipt this Period  
 40.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 83 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. KEVIN A SPATARO**

Mailing Address 1663 SARATOGA LANE

City State Zip Code  
 GLENVIEW IL 60026

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-FSS-Accounting Resear

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 321.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782053**

Amount of Each Receipt this Period  
 40.36

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 PF Fld-Fin Analysis-Sr Mg

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 217.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602071**

Amount of Each Receipt this Period  
 31.99

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

Mailing Address 1001 N Vermont St

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Allstate Insurance Company PF Fld-Fin Analysis-Sr Mg

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782068**

Amount of Each Receipt this Period  
 31.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 104.34

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

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

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

FOR LINE NUMBER: PAGE 84 OF 106  
(check 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 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 VP-ATO-Bus Prtn-Product O

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 433.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601968**

Amount of Each Receipt this Period  
 62.31

Full Name (Last, First, Middle Initial)  
**B. 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 VP-ATO-Bus Prtn-Product O

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 495.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781966**

Amount of Each Receipt this Period  
 62.31

Full Name (Last, First, Middle Initial)  
**C. GARY S STERE**

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code  
 ATLANTIC BEACH FL 32233

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 314.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601958**

Amount of Each Receipt this Period  
 45.45

**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 85 OF 106  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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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 Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 359.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781956**  
 Amount of Each Receipt this Period  
 45.45

**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 SVP-APL-Independent Chann  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.54

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601954**  
 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 SVP-APL-Independent Chann  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781952**  
 Amount of Each Receipt this Period  
 32.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.41  
**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 86 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. KATHLEEN A SWAIN**

Mailing Address 242 HIGHVIEW

City State Zip Code  
 ELMHURST IL 60126

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-FSS-Internal Auditing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 451.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : A2015-601982**

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 SVP-FSS-Internal Auditing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 515.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-781980**

Amount of Each Receipt this Period  
 64.49

Full Name (Last, First, Middle Initial)  
**C. MICHAEL A THOMAS**

Mailing Address 152 Robsart Place

City State Zip Code  
 KENILWORTH IL 60043

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

Name of Employer Occupation  
 Allstate Insurance Company VP-RE-Administration & Re

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 211.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : A2015-782138**

Amount of Each Receipt this Period  
 27.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 156.10

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

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

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

FOR LINE NUMBER: PAGE 87 OF 106  
(check 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. GERALYN A THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 S. BENNETT  
 City State Zip Code  
 CHICAGO IL 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CR-Strategic Bus Comm-Sr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 241.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602004**  
 Amount of Each Receipt this Period  
 35.13

**B. GERALYN A THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 S. BENNETT  
 City State Zip Code  
 CHICAGO IL 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CR-Strategic Bus Comm-Sr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 276.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782002**  
 Amount of Each Receipt this Period  
 35.13

**C. WILLIAM J THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5129 Pine River Trail  
 City State Zip Code  
 Castle Rock CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 371.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-601951**  
 Amount of Each Receipt this Period  
 54.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.95  
**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 88 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. WILLIAM J THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5129 Pine River Trail  
 City State Zip Code  
 Castle Rock CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781949**  
 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 VP-SAL-Sales Programs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 391.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602099**  
 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 VP-SAL-Sales Programs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 448.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782095**  
 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: (check only one)       | PAGE 89 OF 106               |
|   | <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. 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 **SVP-LGL-Government & Indu**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.76**

Date of Receipt  
**04 / 03 / 2015**  
**Transaction ID : A2015-602015**

Amount of Each Receipt this Period  
**66.23**

Full Name (Last, First, Middle Initial)  
**B. 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 **SVP-LGL-Government & Indu**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **523.99**

Date of Receipt  
**04 / 17 / 2015**  
**Transaction ID : A2015-782012**

Amount of Each Receipt this Period  
**66.23**

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 **SVP-APL-Field Business Co**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.03**

Date of Receipt  
**04 / 03 / 2015**  
**Transaction ID : A2015-602118**

Amount of Each Receipt this Period  
**73.59**

**SUBTOTAL** of Receipts This Page (optional)..... **206.05**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 90 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. PATRICIA C VANLAMMEREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 Birchwood Avenue  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-APL-Field Business Co  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **580.62**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : A2015-782114**  
 Amount of Each Receipt this Period **73.59**

**B. STEVEN C VERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37144 FOX HILL DR  
 City WADSWORTH State IL Zip Code 60083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1143.45**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : A2015-601921**  
 Amount of Each Receipt this Period **266.55**

**C. 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 SVP-MRK-eBusiness & Direc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.35**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : A2015-602158**  
 Amount of Each Receipt this Period **73.84**

**SUBTOTAL** of Receipts This Page (optional)..... **413.98**  
**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 91 OF 106               |
|   | (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. 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 SVP-MRK-eBusiness & Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **584.19**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : A2015-782154**  
 Amount of Each Receipt this Period **73.84**

**B. 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 ▼ **1353.09**

Date of Receipt **04 / 03 / 2015**  
**Transaction ID : A2015-602183**  
 Amount of Each Receipt this Period **195.08**

**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 ▼ **1548.17**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : A2015-782179**  
 Amount of Each Receipt this Period **195.08**

**SUBTOTAL** of Receipts This Page (optional)..... **464.00**  
**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 92 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. SAMUEL W WHITEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Park View Ln

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Hawthorn Woods | State<br>IL | Zip Code<br>60047 |
|------------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>Claims-HO Leadership-Dire |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **263.23**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602105**

Amount of Each Receipt this Period  

|       |
|-------|
| 38.08 |
|-------|

**B. SAMUEL W WHITEMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Park View Ln

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Hawthorn Woods | State<br>IL | Zip Code<br>60047 |
|------------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>Claims-HO Leadership-Dire |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **267.04**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-782101**

Amount of Each Receipt this Period  

|      |
|------|
| 3.81 |
|------|

**C. CYNTHIA A WHITFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 298 Keswick Grove Lane

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Franklin | State<br>TN | Zip Code<br>37067 |
|------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-SAL-Field Senior Vice |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.96**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-781922**

Amount of Each Receipt this Period  

|       |
|-------|
| 26.84 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>68.73</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 93 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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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 LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-601991**

Amount of Each Receipt this Period  
**47.51**

Full Name (Last, First, Middle Initial)  
**B. JOHN K WILCOX**

Mailing Address 1120 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-781989**

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 Sandy State UT Zip Code 84092

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-601953**

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 94 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. JAMES L WILLCOX**

Mailing Address 1562 Sienna Oak Court

City State Zip Code  
 Sandy UT 84092

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 233.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-781951**

Amount of Each Receipt this Period  
 29.46

Full Name (Last, First, Middle Initial)  
**B. JEFFREY W WILLIAMS**

Mailing Address 7104 CHARDON COURT

City State Zip Code  
 CLARKSVILLE MD 21029

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 322.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602005**

Amount of Each Receipt this Period  
 46.66

Full Name (Last, First, Middle Initial)  
**C. JEFFREY W WILLIAMS**

Mailing Address 7104 CHARDON COURT

City State Zip Code  
 CLARKSVILLE MD 21029

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 369.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782003**

Amount of Each Receipt this Period  
 46.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.78

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

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

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

FOR LINE NUMBER: PAGE 95 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. THOMAS J WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 N. MOHAWK  
 City State Zip Code  
 CHICAGO IL 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1886.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602081**  
 Amount of Each Receipt this Period  
 276.92

**B. THOMAS J WILSON**  
 Full Name (Last, First, Middle Initial)  
 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 CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2163.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782078**  
 Amount of Each Receipt this Period  
 276.92

**C. Matthew E Winter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Ferncliff Drive  
 City State Zip Code  
 West Hartford CT 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-APL-Pres. Allstate Pe  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1288.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602162**  
 Amount of Each Receipt this Period  
 184.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 738.46  
**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: (check only one)       | PAGE 96 OF 106               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. Matthew E Winter**

Mailing Address 70 Ferncliff Drive

City West Hartford State CT Zip Code 06117

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

Name of Employer Allstate Insurance Company Occupation EVP-APL-Pres. Allstate Pe

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1473.49**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782158**

Amount of Each Receipt this Period  
**184.62**

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 PO Fld-State Mgr-Top Exp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.59**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 03 / 2015**

**Transaction ID : A2015-602106**

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 PO Fld-State Mgr-Top Exp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.37**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 17 / 2015**

**Transaction ID : A2015-782102**

Amount of Each Receipt this Period  
**43.78**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>272.18</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 97 OF 106  |
| <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. FLOYD M YAGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1610 BIRCH LANE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>PARK RIDGE | State<br>IL | Zip Code<br>60068 |
|--------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-APL-Chief Data Office |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.08**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602032**

Amount of Each Receipt this Period  

|       |
|-------|
| 66.75 |
|-------|

**B. FLOYD M YAGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1610 BIRCH LANE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>PARK RIDGE | State<br>IL | Zip Code<br>60068 |
|--------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>SVP-APL-Chief Data Office |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **523.83**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 17    | / | 2015        |

**Transaction ID : A2015-782029**

Amount of Each Receipt this Period  

|       |
|-------|
| 66.75 |
|-------|

**C. NOEL C YOUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10936 E. Butherus Drive

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Scottsdale | State<br>AZ | Zip Code<br>85255 |
|--------------------|-------------|-------------------|

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

|  |                               |
|--|-------------------------------|
| Name of Employer<br>Allstate Insurance Company | Occupation<br>Senior Attorney |
|--|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.85**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 03    | / | 2015        |

**Transaction ID : A2015-602097**

Amount of Each Receipt this Period  

|       |
|-------|
| 38.06 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>171.56</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 98 OF 106               |
|   | (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)<br><b>A. NOEL C YOUNG</b>   |   | Date of Receipt   |
| Mailing Address 10936 E. Butherus Drive   |   | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City State Zip Code<br>Scottsdale AZ 85255  |   | <b>Transaction ID : A2015-782093</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="38.06"/>                              |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>Senior Attorney                                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="288.91"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MARY E ZAGORSKI</b>  |   | Date of Receipt   |
| Mailing Address 2609 N PINE AVE   |   | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/> |
| City State Zip Code<br>ARLINGTON HEIGHTS IL 60004   |   | <b>Transaction ID : A2015-602030</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="45.42"/>                              |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>PMO Director                                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="312.72"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARY E ZAGORSKI</b>  |   | Date of Receipt   |
| Mailing Address 2609 N PINE AVE   |   | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> |
| City State Zip Code<br>ARLINGTON HEIGHTS IL 60004   |   | <b>Transaction ID : A2015-782027</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="45.42"/>                              |
| Name of Employer<br>Allstate Insurance Company  | Occupation<br>PMO Director                                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="358.14"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="128.90"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

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

FOR LINE NUMBER: PAGE 99 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. GERALD L ZIMMERMAN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2584 Sutton Lane  
 City State Zip Code  
 AURORA IL 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 538.08

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602088**  
 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 State Zip Code  
 AURORA IL 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 616.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : A2015-782085**  
 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 State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 347.82

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : A2015-602120**  
 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 100 OF 106  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. CARLA A ZUNIGA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2189 N. BEAVER CREEK DRIVE  
City VERNON HILLS State IL Zip Code 60061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-ATO-Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **398.30**

Date of Receipt **04 / 17 / 2015**  
**Transaction ID : A2015-782116**  
Amount of Each Receipt this Period **50.48**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>50.48</b>    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>15444.08</b> |

**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  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

Transaction ID : B572517

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

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

**C.**

Full Name (Last, First, Middle Initial)

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)..... ▶

**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. Issa for Congress**

Mailing Address PO Box 368

City Falls Church State VA Zip Code 22040

Purpose of Disbursement  
Contribution

011

Candidate Name

**Darrell Issa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 0 |   | 2 | 0 | 1 | 5 |

**Transaction ID : B551456**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**B. Georgians for Isakson**

Mailing Address 900 19th Street NW 8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contribution

011

Candidate Name

**Johnny Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 0 |   | 2 | 0 | 1 | 5 |

**Transaction ID : B551450**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**C. Westmoreland for Congress**

Mailing Address P.O. Box 15239

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Lynn A. Westmoreland**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 1 | 5 |

**Transaction ID : B572922**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input 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. Hultgren for Congress**

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement  
Contribution

011

Candidate Name

**Randy Hultgren**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : B551454

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Rob Portman for US Senate**

Mailing Address 900 19th Street NW 8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : B551446

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Thune**

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Thune**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : B551440

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Liberty Project PAC**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : B572923

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : B551442

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : B551452

Amount of Each Disbursement this Period

5000.00

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

11500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Bob Goodlatte for Congress Committee**

Mailing Address P.O. Box 5251

City Springfield State VA Zip Code 22150

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Bob Goodlatte**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : B551455**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2500.00

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

24500.00

**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. Friends of Jake Corman**

Mailing Address P.O. Box 13053

City Harrisburg State PA Zip Code 17110

Purpose of Disbursement  
P-2018 State Senate 34 PA

011

Candidate Name

**Jacob D Corman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 34

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : B551458**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Scarnati**

Mailing Address P.O. Box 33

City Youngsville State PA Zip Code 16371

Purpose of Disbursement  
P-2016 State Senate 25 PA

011

Candidate Name

**Joseph B Scarnati III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 25

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : B572759**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

2000.00