

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Allstate Insurance Company PAC

ADDRESS (number and street) 2775 Sanders Road Suite A5
 Check if different than previously reported. (ACC)
Northbrook IL 60062

2. **FEC IDENTIFICATION NUMBER** C00040253
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2007 through 10 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven C. Verney

Signature of Treasurer Electronically Filed by Steven C. Verney Date 11 13 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		127951.82
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	173746.66									
(c) Total Receipts (from Line 19)	28318.37	315593.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	202065.03	443545.48								
7. Total Disbursements (from Line 31)	28139.32	269619.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	173925.71	173925.71								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27575.41	226536.16
(i) Itemized (use Schedule A)	737.18	88203.50
(ii) Unitemized	28312.59	314739.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28312.59	314739.66
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	813.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.78	40.70
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 Transfer (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))	28318.37	315593.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28318.37	315593.66

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	139.32	1119.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	139.32	1119.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	115000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	19000.00	153500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	28139.32	269619.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28139.32	269619.77

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28312.59	314739.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28312.59	314739.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	139.32	1119.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	813.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	139.32	306.47

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 306
	<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. REBECCA A ABEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 657 CORAL COURT		Transaction ID: A2007-1779160
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.80	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.80	

Full Name (Last, First, Middle Initial) B. REBECCA A ABEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 657 CORAL COURT		Transaction ID: A2007-1824631
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.80	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.60	

Full Name (Last, First, Middle Initial) C. ERNEST D ADAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 33934 N TREELINE CT		Transaction ID: A2007-1778879
City State Zip Code GAGES LAKE IL 60030	Amount of Each Receipt this Period 19.06	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.56	

SUBTOTAL of Receipts This Page (optional) ▶	62.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ERNEST D ADAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 33934 N TREELINE CT		Transaction ID: A2007-1824632
City State Zip Code GAGES LAKE IL 60030	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.06
Name of Employer Allstate Insurance Company	Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.62	

Full Name (Last, First, Middle Initial) B. JONES G ADUKEH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1226 RIDGEWOOD LANE		Transaction ID: A2007-1779083
City State Zip Code LAKE VILLA IL 60046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31.75
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 626.04	

Full Name (Last, First, Middle Initial) C. JONES G ADUKEH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1226 RIDGEWOOD LANE		Transaction ID: A2007-1824633
City State Zip Code LAKE VILLA IL 60046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31.75
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 657.79	

SUBTOTAL of Receipts This Page (optional)	82.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 306
	<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. Full Name (Last, First, Middle Initial)
LORAL ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 648.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779146

Amount of Each Receipt this Period
31.15

B. Full Name (Last, First, Middle Initial)
LORAL ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824634

Amount of Each Receipt this Period
31.15

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

Mailing Address 200 W MILL VALLEY DR

City State Zip Code
COLLEYVILLE TX 76034

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779053

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional)	▶	78.65
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL W AGAR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 200 W MILL VALLEY DR		Transaction ID: A2007-1824635	
City COLLEYVILLE	State TX	Zip Code 76034	Amount of Each Receipt this Period 16.35
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70		

Full Name (Last, First, Middle Initial) B. PATRICIA A AITKEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1245 CARIBOU LANE		Transaction ID: A2007-1778912	
City HOFFMAN ESTATES	State IL	Zip Code 60192	Amount of Each Receipt this Period 20.52
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.72		

Full Name (Last, First, Middle Initial) C. PATRICIA A AITKEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1245 CARIBOU LANE		Transaction ID: A2007-1824636	
City HOFFMAN ESTATES	State IL	Zip Code 60192	Amount of Each Receipt this Period 20.52
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 447.24		

SUBTOTAL of Receipts This Page (optional) ▶	57.39
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT S ALLEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 244 ELM ROAD		Transaction ID: A2007-1778787
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 27.83	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.30	

Full Name (Last, First, Middle Initial) B. ROBERT S ALLEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 244 ELM ROAD		Transaction ID: A2007-1824637
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 27.83	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.13	

Full Name (Last, First, Middle Initial) C. JOHN M ANDERSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1432 S. 10TH ST.		Transaction ID: A2007-1779054
City State Zip Code ST. CHARLES IL 60174	Amount of Each Receipt this Period 11.89	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.24	

SUBTOTAL of Receipts This Page (optional) ▶	67.55
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN M ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1432 S. 10TH ST.		Transaction ID: A2007-1824638
City State Zip Code ST. CHARLES IL 60174	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 11.89
Name of Employer Allstate Insurance Company	Occupation Senior Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.13	

Full Name (Last, First, Middle Initial) B. WILLIAM H AYO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1009 LAKE RIDGE DR.		Transaction ID: A2007-1778864
City State Zip Code SAFETY HARBOR FL 34695	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Human Resource Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35	

Full Name (Last, First, Middle Initial) C. WILLIAM H AYO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1009 LAKE RIDGE DR.		Transaction ID: A2007-1824639
City State Zip Code SAFETY HARBOR FL 34695	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Human Resource Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70	

SUBTOTAL of Receipts This Page (optional)	▶	44.59
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 306
	<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. JOHN P BADER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 438 MITCHELL DRIVE		Transaction ID: A2007-1778755
City GRAYS LAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.73
Name of Employer Allstate Insurance Company	Occupation VP Enterprise Infrastruct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1399.72	

Full Name (Last, First, Middle Initial) B. JOHN P BADER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 438 MITCHELL DRIVE		Transaction ID: A2007-1824640
City GRAYS LAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.73
Name of Employer Allstate Insurance Company	Occupation VP Enterprise Infrastruct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1467.45	

Full Name (Last, First, Middle Initial) C. CHARLES C BAGGS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4435 SWILCAN BRIDGE LANE N		Transaction ID: A2007-1778852
City JACKSONVILLE	State FL	Zip Code 32224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.55
Name of Employer Allstate Insurance Company	Occupation AVP-Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.32	

SUBTOTAL of Receipts This Page (optional)	▶	166.01
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CHARLES C BAGGS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4435 SWILCAN BRIDGE LANE N		Transaction ID: A2007-1824641
City State Zip Code JACKSONVILLE FL 32224	Amount of Each Receipt this Period 30.55	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP-Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.87	

Full Name (Last, First, Middle Initial) B. DIANE G BAKER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 120 EAST SHERIDAN RD		Transaction ID: A2007-1778848
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 49.61	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1019.06	

Full Name (Last, First, Middle Initial) C. DIANE G BAKER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 120 EAST SHERIDAN RD		Transaction ID: A2007-1824642
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 49.61	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1068.67	

SUBTOTAL of Receipts This Page (optional) ▶	129.77
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ALEXANDRA BALATSOUKAS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 992 WEEPING WAY LANE		Transaction ID: A2007-1779056
City State Zip Code AVON IN 46123	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.86
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

Full Name (Last, First, Middle Initial) B. ALEXANDRA BALATSOUKAS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 992 WEEPING WAY LANE		Transaction ID: A2007-1824643
City State Zip Code AVON IN 46123	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.86
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 564.37	

Full Name (Last, First, Middle Initial) C. GARRY J BALLEK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1013 MASON LANE		Transaction ID: A2007-1778979
City State Zip Code LAKE IN THE HIL IL 60156	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.98
Name of Employer Allstate Insurance Company	Occupation Unclassified Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.68	

SUBTOTAL of Receipts This Page (optional)	▶	70.70
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 306
	<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. GARRY J BALLEK		Date of Receipt MM / DD / YYYY 10 / 26 / 2007
Mailing Address 1013 MASON LANE		Transaction ID: A2007-1824644
City LAKE IN THE HIL	State IL	Zip Code 60156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.98
Name of Employer Allstate Insurance Company	Occupation Unclassified Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

Full Name (Last, First, Middle Initial) B. WILLIAM P BALLINGER		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 47530 ABERDEEN DR		Transaction ID: A2007-1778826
City NOVI	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.72
Name of Employer Allstate Insurance Company	Occupation FVP President New Jersey	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 698.25	

Full Name (Last, First, Middle Initial) C. WILLIAM P BALLINGER		Date of Receipt MM / DD / YYYY 10 / 26 / 2007
Mailing Address 47530 ABERDEEN DR		Transaction ID: A2007-1824645
City NOVI	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.72
Name of Employer Allstate Insurance Company	Occupation FVP President New Jersey	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.97	

SUBTOTAL of Receipts This Page (optional)	86.42
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 306
	<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. Full Name (Last, First, Middle Initial)
ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1342.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779159

Amount of Each Receipt this Period
65.18

B. Full Name (Last, First, Middle Initial)
ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1408.13

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824646

Amount of Each Receipt this Period
65.18

C. Full Name (Last, First, Middle Initial)
PATRICK J BARKLEY

Mailing Address 1694 WARRINGTON LANE

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Allstate Insurance Company Occupation Consultant-M1400

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.66

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778940

Amount of Each Receipt this Period
15.46

SUBTOTAL of Receipts This Page (optional) ► **145.82**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PATRICK J BARKLEY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1694 WARRINGTON LANE		Transaction ID: A2007-1824647
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 15.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Consultant-M1400	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.12	

Full Name (Last, First, Middle Initial) B. ROBERT K BECKER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 80 RAVINE DRIVE		Transaction ID: A2007-1778773
City State Zip Code COLONIA NJ 07067	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.48	

Full Name (Last, First, Middle Initial) C. ROBERT K BECKER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 80 RAVINE DRIVE		Transaction ID: A2007-1824648
City State Zip Code COLONIA NJ 07067	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36	

SUBTOTAL of Receipts This Page (optional) ▶	55.22
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CANDICE L BEINLICH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1781 TUDOR LANE # 309		Transaction ID: A2007-1778935	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 18.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.70		

Full Name (Last, First, Middle Initial) B. CANDICE L BEINLICH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1781 TUDOR LANE # 309		Transaction ID: A2007-1824649	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 18.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.45		

Full Name (Last, First, Middle Initial) C. DIANE BELLAS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 632 Concord Way		Transaction ID: A2007-1778941	
City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 24.38		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Accounting Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.63		

SUBTOTAL of Receipts This Page (optional) ▶	61.88
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DIANE BELLAS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 632 Concord Way		Transaction ID: A2007-1824650	
City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 24.38		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Accounting Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.01		

Full Name (Last, First, Middle Initial) B. WALTER A BERKOWICZ		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 405 GATESHEAD DRIVE		Transaction ID: A2007-1779015	
City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 31.76		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.86		

Full Name (Last, First, Middle Initial) C. WALTER A BERKOWICZ		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 405 GATESHEAD DRIVE		Transaction ID: A2007-1824651	
City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 31.76		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.62		

SUBTOTAL of Receipts This Page (optional) ▶	87.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 306
	<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. Full Name (Last, First, Middle Initial)
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Allstate Insurance Company Occupation VP and President Broker D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.73

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778795

Amount of Each Receipt this Period
38.84

B. Full Name (Last, First, Middle Initial)
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Allstate Insurance Company Occupation VP and President Broker D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 846.57

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824652

Amount of Each Receipt this Period
38.84

C. Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778865

Amount of Each Receipt this Period
19.19

SUBTOTAL of Receipts This Page (optional) ► 96.87

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 306
	(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. Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 419.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824653

Amount of Each Receipt this Period
19.19

B. Full Name (Last, First, Middle Initial)
DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779086

Amount of Each Receipt this Period
38.40

C. Full Name (Last, First, Middle Initial)
DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 836.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824654

Amount of Each Receipt this Period
38.40

SUBTOTAL of Receipts This Page (optional)	▶	95.99
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT L BLOCK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 398 Brookmont Lane		Transaction ID: A2007-1779072
City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 59.62	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Investor R	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.99	

Full Name (Last, First, Middle Initial) B. ROBERT L BLOCK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 398 Brookmont Lane		Transaction ID: A2007-1824655
City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 59.62	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Investor R	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1295.61	

Full Name (Last, First, Middle Initial) C. CHARLES A BOLLINGER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 509 GATES HEAD SOUTH		Transaction ID: A2007-1778894
City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 48.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Sales Agen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.49	

SUBTOTAL of Receipts This Page (optional) ▶	167.70
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CHARLES A BOLLINGER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 509 GATES HEAD SOUTH		Transaction ID: A2007-1824656
City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 48.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Sales Agen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.95	

Full Name (Last, First, Middle Initial) B. CAROL L BONOVIK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6 N. MILLERS LANE		Transaction ID: A2007-1779004
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.06	

Full Name (Last, First, Middle Initial) C. CAROL L BONOVIK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 6 N. MILLERS LANE		Transaction ID: A2007-1824657
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.92	

SUBTOTAL of Receipts This Page (optional) ▶	80.18
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DOUGLAS L BORG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5550 Maybeck Ln		Transaction ID: A2007-1779156	
City State Zip Code Livermore CA 94550	Amount of Each Receipt this Period 26.11		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 539.76		

Full Name (Last, First, Middle Initial) B. DOUGLAS L BORG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 5550 Maybeck Ln		Transaction ID: A2007-1824658	
City State Zip Code Livermore CA 94550	Amount of Each Receipt this Period 31.47		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.23		

Full Name (Last, First, Middle Initial) C. MICHAEL B BOYLE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1063 CHERRY STREET		Transaction ID: A2007-1778830	
City State Zip Code WINNETKA IL 60093	Amount of Each Receipt this Period 73.92		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Info Techn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1532.44		

SUBTOTAL of Receipts This Page (optional) ▶	131.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL B BOYLE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1063 CHERRY STREET		Transaction ID: A2007-1824659	
City State Zip Code WINNETKA IL 60093	Amount of Each Receipt this Period 73.92		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Info Techn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1606.36		

Full Name (Last, First, Middle Initial) B. RONALD E BRABEC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2823 TIMBER HILL DR.		Transaction ID: A2007-1779104	
City State Zip Code GRAPEVINE TX 76051	Amount of Each Receipt this Period 14.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.20		

Full Name (Last, First, Middle Initial) C. RONALD E BRABEC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2823 TIMBER HILL DR.		Transaction ID: A2007-1824660	
City State Zip Code GRAPEVINE TX 76051	Amount of Each Receipt this Period 14.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50		

SUBTOTAL of Receipts This Page (optional) ▶	102.52
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LONDON B BRADLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1951 BROADSMORE		Transaction ID: A2007-1779121
City State Zip Code ALGONQUIN IL 60102	Amount of Each Receipt this Period 23.47	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.05	

Full Name (Last, First, Middle Initial) B. LONDON B BRADLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1951 BROADSMORE		Transaction ID: A2007-1824661
City State Zip Code ALGONQUIN IL 60102	Amount of Each Receipt this Period 23.47	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.52	

Full Name (Last, First, Middle Initial) C. KENNETH A BRANCH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 28955 NIBLICK KNOLL CT.		Transaction ID: A2007-1779089
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.28	

SUBTOTAL of Receipts This Page (optional) ▶	66.82
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 306
	(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. Full Name (Last, First, Middle Initial)
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: A2007-1824662

Amount of Each Receipt this Period
22.87

B. Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
414.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	7

Transaction ID: A2007-1778964

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: A2007-1824663

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional)	▶	62.63
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 306
	(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. Full Name (Last, First, Middle Initial)
SHEILA M BREEDING

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code
SOMERVILLE NJ 08876

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778778

Amount of Each Receipt this Period
16.35

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

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code
SOMERVILLE NJ 08876

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824664

Amount of Each Receipt this Period
16.35

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

Mailing Address 18135 W MEANDER DR

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778813

Amount of Each Receipt this Period
18.19

SUBTOTAL of Receipts This Page (optional)	▶	50.89
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DUDLEY R BRIGHT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 18135 W MEANDER DR		Transaction ID: A2007-1824665	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 18.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.68		

Full Name (Last, First, Middle Initial) B. SHAWN L BROADFIELD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1044 APPLE BLOSSOM COURT		Transaction ID: A2007-1778952	
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 39.06		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 817.86		

Full Name (Last, First, Middle Initial) C. SHAWN L BROADFIELD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1044 APPLE BLOSSOM COURT		Transaction ID: A2007-1824666	
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 39.06		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 856.92		

SUBTOTAL of Receipts This Page (optional) ▶	96.31
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DAVID C BROCK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 305 CHURCHILL LANE		Transaction ID: A2007-1778838	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 34.81	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Senior Planning Con	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 724.31	

Full Name (Last, First, Middle Initial) B. DAVID C BROCK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 305 CHURCHILL LANE		Transaction ID: A2007-1824667	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 34.81	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Senior Planning Con	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 759.12	

Full Name (Last, First, Middle Initial) C. WILLIAM F BROKAW		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3 MILTON CT		Transaction ID: A2007-1778946	
City State Zip Code CARY IL 60013		Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 417.48	

SUBTOTAL of Receipts This Page (optional) ▶	89.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. WILLIAM F BROKAW		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3 MILTON CT		Transaction ID: A2007-1824668	
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36		

Full Name (Last, First, Middle Initial) B. LORRIE K BROUSE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 223 POLK PLACE DRIVE		Transaction ID: A2007-1778841	
City State Zip Code FRANKLIN TN 37064	Amount of Each Receipt this Period 17.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.10		

Full Name (Last, First, Middle Initial) C. LORRIE K BROUSE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 223 POLK PLACE DRIVE		Transaction ID: A2007-1824669	
City State Zip Code FRANKLIN TN 37064	Amount of Each Receipt this Period 17.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.35		

SUBTOTAL of Receipts This Page (optional) ▶	54.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BETH A BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2637 W. WILSON AVE.		Transaction ID: A2007-1778897
City State Zip Code CHICAGO IL 60625	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.48	

Full Name (Last, First, Middle Initial) B. BETH A BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2637 W. WILSON AVE.		Transaction ID: A2007-1824670
City State Zip Code CHICAGO IL 60625	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36	

Full Name (Last, First, Middle Initial) C. MICHAEL E BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 8739 CYPRESS RESERVE CIRCLE		Transaction ID: A2007-1778797
City State Zip Code ORLANDO FL 32836	Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Agency Consulting Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35	

SUBTOTAL of Receipts This Page (optional) ▶	56.11
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL E BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 8739 CYPRESS RESERVE CIRCLE		Transaction ID: A2007-1824671
City State Zip Code ORLANDO FL 32836	Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Agency Consulting Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70	

Full Name (Last, First, Middle Initial) B. PAMELA S BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5886 TEAL LANE		Transaction ID: A2007-1779050
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.38	

Full Name (Last, First, Middle Initial) C. PAMELA S BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5886 TEAL LANE		Transaction ID: A2007-1824672
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.26	

SUBTOTAL of Receipts This Page (optional) ▶	56.11
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 306
	<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. PATRICIA A BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 9502 STONEY RIDGE ROAD		Transaction ID: A2007-1778825
City State Zip Code SPRINGDALE MD 20774	Amount of Each Receipt this Period 12.49	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.64	

Full Name (Last, First, Middle Initial) B. PATRICIA A BROWN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 9502 STONEY RIDGE ROAD		Transaction ID: A2007-1824673
City State Zip Code SPRINGDALE MD 20774	Amount of Each Receipt this Period 12.49	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.13	

Full Name (Last, First, Middle Initial) C. CATHERINE S BRUNE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 190 SAVANNA CT		Transaction ID: A2007-1778851
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 173.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Information O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3628.91	

SUBTOTAL of Receipts This Page (optional) ▶	198.06
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CATHERINE S BRUNE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 190 SAVANNA CT		Transaction ID: A2007-1824674
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 173.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Information O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3801.99	

Full Name (Last, First, Middle Initial) B. ANNE MARIE L BRUNNER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2514 SOUTH WESLEY AVE		Transaction ID: A2007-1778948
City State Zip Code BERWYN IL 60402	Amount of Each Receipt this Period 34.55	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.50	

Full Name (Last, First, Middle Initial) C. ANNE MARIE L BRUNNER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2514 SOUTH WESLEY AVE		Transaction ID: A2007-1824675
City State Zip Code BERWYN IL 60402	Amount of Each Receipt this Period 34.55	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.05	

SUBTOTAL of Receipts This Page (optional) ▶	242.18
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 306
	<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. JOHN C BRUSE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1434 WOODACRE DRIVE		Transaction ID: A2007-1779135
City State Zip Code MC LEAN VA 22101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.30
Name of Employer Allstate Insurance Company	Occupation Vice President & Ast Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 732.20	

Full Name (Last, First, Middle Initial) B. JOHN C BRUSE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1434 WOODACRE DRIVE		Transaction ID: A2007-1824676
City State Zip Code MC LEAN VA 22101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.30
Name of Employer Allstate Insurance Company	Occupation Vice President & Ast Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 767.50	

Full Name (Last, First, Middle Initial) C. RHONDA J BUBAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 856 SPRINGHILL CT		Transaction ID: A2007-1778898
City State Zip Code ELGIN IL 60120	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.29
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.44	

SUBTOTAL of Receipts This Page (optional)	▶	85.89
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RHONDA J BUBAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 856 SPRINGHILL CT		Transaction ID: A2007-1824677	
City State Zip Code ELGIN IL 60120	Amount of Each Receipt this Period 15.29		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.73		

Full Name (Last, First, Middle Initial) B. JOHN E BUCHANAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 26 W. 690 LINDSEY AVE.		Transaction ID: A2007-1779044	
City State Zip Code WINFIELD IL 60190	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Counsel III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.59		

Full Name (Last, First, Middle Initial) C. JOHN E BUCHANAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 26 W. 690 LINDSEY AVE.		Transaction ID: A2007-1824678	
City State Zip Code WINFIELD IL 60190	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Counsel III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.13		

SUBTOTAL of Receipts This Page (optional) ▶	38.37
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DAVID N BUGGS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 12234 85TH AVE		Transaction ID: A2007-1779073	
City State Zip Code PLEASANT PR WI 53158		Amount of Each Receipt this Period 32.14	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 673.34	

Full Name (Last, First, Middle Initial) B. DAVID N BUGGS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 12234 85TH AVE		Transaction ID: A2007-1824679	
City State Zip Code PLEASANT PR WI 53158		Amount of Each Receipt this Period 32.14	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 705.48	

Full Name (Last, First, Middle Initial) C. KAREN E BURCKHARDT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 730 E. HAWTHORNE		Transaction ID: A2007-1779071	
City State Zip Code ARLINGTON HTS IL 60004		Amount of Each Receipt this Period 41.46	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP-Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 858.20	

SUBTOTAL of Receipts This Page (optional) ▶	105.74
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KAREN E BURCKHARDT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 730 E. HAWTHORNE		Transaction ID: A2007-1824681	
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 41.46		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP-Product		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 899.66		

Full Name (Last, First, Middle Initial) B. TYRONE A BURNO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 868 CHARLTON ROAD		Transaction ID: A2007-1778807	
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 14.41		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.76		

Full Name (Last, First, Middle Initial) C. TYRONE A BURNO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 868 CHARLTON ROAD		Transaction ID: A2007-1824682	
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 14.41		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.17		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 306
	<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. GREGORY C BURNS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2000 N. BROADMOOR LANE		Transaction ID: A2007-1778802
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 18.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.94	

Full Name (Last, First, Middle Initial) B. GREGORY C BURNS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2000 N. BROADMOOR LANE		Transaction ID: A2007-1824683
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 18.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.24	

Full Name (Last, First, Middle Initial) C. PEGGY BURROWS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2628 HALSEY DRIVE		Transaction ID: A2007-1779101
City State Zip Code FLOWER MOUND TX 75028	Amount of Each Receipt this Period 28.43	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.03	

SUBTOTAL of Receipts This Page (optional) ▶	65.03
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 306
	<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. Full Name (Last, First, Middle Initial)
PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City State Zip Code
FLOWER MOUND TX 75028

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824684

Amount of Each Receipt this Period
28.43

B. Full Name (Last, First, Middle Initial)
CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1802.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778742

Amount of Each Receipt this Period
86.76

C. Full Name (Last, First, Middle Initial)
CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1888.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824685

Amount of Each Receipt this Period
86.76

SUBTOTAL of Receipts This Page (optional) ► 201.95

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. D C BUTLER III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 15430 WHITE COLUMNS DRIVE		Transaction ID: A2007-1778849	
City State Zip Code ALPHARETTA GA 30004	Amount of Each Receipt this Period 52.73		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1096.83		

Full Name (Last, First, Middle Initial) B. D C BUTLER III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 15430 WHITE COLUMNS DRIVE		Transaction ID: A2007-1824686	
City State Zip Code ALPHARETTA GA 30004	Amount of Each Receipt this Period 52.73		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.56		

Full Name (Last, First, Middle Initial) C. RICHARD S CAIRNS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2791 NE 9TH COURT		Transaction ID: A2007-1778854	
City State Zip Code POMPANO BEACH FL 33062	Amount of Each Receipt this Period 15.68		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.53		

SUBTOTAL of Receipts This Page (optional) ▶	121.14
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RICHARD S CAIRNS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2791 NE 9TH COURT		Transaction ID: A2007-1824687
City State Zip Code POMPAÑO BEACH FL 33062	Amount of Each Receipt this Period 15.68	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.21	

Full Name (Last, First, Middle Initial) B. DEBORAH K CAMPBELL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 21863 NORTH TALL OAKS COURT		Transaction ID: A2007-1779057
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 60.41	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.41	

Full Name (Last, First, Middle Initial) C. DEBORAH K CAMPBELL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 21863 NORTH TALL OAKS COURT		Transaction ID: A2007-1824688
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 60.41	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1310.82	

SUBTOTAL of Receipts This Page (optional) ▶	136.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN M CANTWELL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 335 DEVON COURT		Transaction ID: A2007-1778816
City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.30
Name of Employer Allstate Insurance Company	Occupation Agency Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.30	

Full Name (Last, First, Middle Initial) B. JOHN M CANTWELL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 335 DEVON COURT		Transaction ID: A2007-1824689
City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.30
Name of Employer Allstate Insurance Company	Occupation Agency Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.60	

Full Name (Last, First, Middle Initial) C. IRIS M CHESTER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 643 ST GEORGE CT		Transaction ID: A2007-1779082
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.54
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.80	

SUBTOTAL of Receipts This Page (optional)	▶	50.14
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 306
	<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. Full Name (Last, First, Middle Initial)
IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824690

Amount of Each Receipt this Period
21.54

B. Full Name (Last, First, Middle Initial)
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Communication Senior Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779024

Amount of Each Receipt this Period
19.65

C. Full Name (Last, First, Middle Initial)
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Communication Senior Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824691

Amount of Each Receipt this Period
19.65

SUBTOTAL of Receipts This Page (optional)	▶	60.84
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. SCOTT M CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 20713 LEXINGTON LANE		Transaction ID: A2007-1779005
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 37.24	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.19	

Full Name (Last, First, Middle Initial) B. SCOTT M CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 20713 LEXINGTON LANE		Transaction ID: A2007-1824692
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 37.24	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.43	

Full Name (Last, First, Middle Initial) C. BRIAN L CLARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 504 FLORENCE DRIVE		Transaction ID: A2007-1779088
City State Zip Code MADISON MS 39110	Amount of Each Receipt this Period 15.09	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Staff Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.64	

SUBTOTAL of Receipts This Page (optional) ▶	89.57
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BRIAN L CLARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 504 FLORENCE DRIVE		Transaction ID: A2007-1824693	
City State Zip Code MADISON MS 39110		Amount of Each Receipt this Period 15.09	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Staff Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 328.73	

Full Name (Last, First, Middle Initial) B. EDWARD T CLARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2907 GLENARYE DR		Transaction ID: A2007-1779033	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 19.34	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Regional Marketing Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 401.33	

Full Name (Last, First, Middle Initial) C. EDWARD T CLARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2907 GLENARYE DR		Transaction ID: A2007-1824694	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 19.34	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Regional Marketing Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.67	

SUBTOTAL of Receipts This Page (optional) ▶	53.77
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL A CLARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 26115 N 104TH WAY		Transaction ID: A2007-1778774	
City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 42.80		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 892.92		

Full Name (Last, First, Middle Initial) B. MICHAEL A CLARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 26115 N 104TH WAY		Transaction ID: A2007-1824695	
City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 42.80		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.72		

Full Name (Last, First, Middle Initial) C. MARK P CLOGHESSY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4343 LAWN AVE		Transaction ID: A2007-1778886	
City State Zip Code WESTERN SPRINGS IL 60558	Amount of Each Receipt this Period 33.17		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.29		

SUBTOTAL of Receipts This Page (optional) ▶	118.77
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 306
	<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. Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

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

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824696

Amount of Each Receipt this Period
33.17

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 578.83

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779031

Amount of Each Receipt this Period
27.83

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 606.66

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824697

Amount of Each Receipt this Period
27.83

SUBTOTAL of Receipts This Page (optional)	▶	88.83
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 306
	<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. Full Name (Last, First, Middle Initial)
LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 653.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778991

Amount of Each Receipt this Period
31.62

B. Full Name (Last, First, Middle Initial)
LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 685.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824698

Amount of Each Receipt this Period
31.62

C. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 876.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778936

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 103.01

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. EDWARD T COLLINS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 809 DUNHILL COURT		Transaction ID: A2007-1824699
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 39.77	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.26	

Full Name (Last, First, Middle Initial) B. LARRY K CONLEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4516 LINSCOTT AVE		Transaction ID: A2007-1778976
City State Zip Code DOWNERS GROVE IL 60515	Amount of Each Receipt this Period 18.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.68	

Full Name (Last, First, Middle Initial) C. LARRY K CONLEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4516 LINSCOTT AVE		Transaction ID: A2007-1824700
City State Zip Code DOWNERS GROVE IL 60515	Amount of Each Receipt this Period 18.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.14	

SUBTOTAL of Receipts This Page (optional) ▶	76.69
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 306
	<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. Full Name (Last, First, Middle Initial)
MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
SCHAUMBURG IL 60193

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778995

Amount of Each Receipt this Period
29.23

B. Full Name (Last, First, Middle Initial)
MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
SCHAUMBURG IL 60193

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 637.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824701

Amount of Each Receipt this Period
29.23

C. Full Name (Last, First, Middle Initial)
RONALD L CORBIN

Mailing Address 14 Portrush Place

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1385.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779096

Amount of Each Receipt this Period
66.85

SUBTOTAL of Receipts This Page (optional) ► **125.31**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RONALD L CORBIN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 14 Portrush Place		Transaction ID: A2007-1824702
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.85
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1452.71	

Full Name (Last, First, Middle Initial) B. THOMAS J CREAGH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4008 NORTH HIGHLAND AVENUE		Transaction ID: A2007-1778776
City ARLINGTON HTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.79
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.09	

Full Name (Last, First, Middle Initial) C. THOMAS J CREAGH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4008 NORTH HIGHLAND AVENUE		Transaction ID: A2007-1824703
City ARLINGTON HTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.79
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.88	

SUBTOTAL of Receipts This Page (optional)	106.43
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. WILLIAM G CRIMMINS		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 218 S KASPAR		Transaction ID: A2007-1778895
City State Zip Code ARLINGTON HGTS. IL 60005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.32
Name of Employer Allstate Insurance Company	Occupation Vice President & Deputy G	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.66	

Full Name (Last, First, Middle Initial) B. WILLIAM G CRIMMINS		Date of Receipt MM / DD / YYYY 10 / 26 / 2007
Mailing Address 218 S KASPAR		Transaction ID: A2007-1824704
City State Zip Code ARLINGTON HGTS. IL 60005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.32
Name of Employer Allstate Insurance Company	Occupation Vice President & Deputy G	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1528.98	

Full Name (Last, First, Middle Initial) C. FREDERICK F CRIPE		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 277 N. BILTMORE DRIVE		Transaction ID: A2007-1778888
City State Zip Code N. BARRINGTON IL 60010	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.77
Name of Employer Allstate Insurance Company	Occupation GVP-Product Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1613.09	

SUBTOTAL of Receipts This Page (optional)	221.41
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. FREDERICK F CRIPE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 277 N. BILTMORE DRIVE		Transaction ID: A2007-1824705	
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 80.77		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation GVP-Product Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1693.86		

Full Name (Last, First, Middle Initial) B. RICHARD C CRIST JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 14 CARDINAL DRIVE		Transaction ID: A2007-1778808	
City State Zip Code PRINCETON JUNCT NJ 08550	Amount of Each Receipt this Period 68.43		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1419.74		

Full Name (Last, First, Middle Initial) C. RICHARD C CRIST JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 14 CARDINAL DRIVE		Transaction ID: A2007-1824706	
City State Zip Code PRINCETON JUNCT NJ 08550	Amount of Each Receipt this Period 68.43		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1488.17		

SUBTOTAL of Receipts This Page (optional) ▶	217.63
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOAN M CROCKETT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 27 RIVER BEND CT		Transaction ID: A2007-1778869
City LAKE BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.38
Name of Employer Allstate Insurance Company	Occupation SVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2434.88	

Full Name (Last, First, Middle Initial) B. JOAN M CROCKETT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 27 RIVER BEND CT		Transaction ID: A2007-1824707
City LAKE BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.38
Name of Employer Allstate Insurance Company	Occupation SVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2552.26	

Full Name (Last, First, Middle Initial) C. WILLIAM DALY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 22425 N LINDEN DR.		Transaction ID: A2007-1778794
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.15
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 802.69	

SUBTOTAL of Receipts This Page (optional)	274.91
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. WILLIAM DALY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 22425 N LINDEN DR.		Transaction ID: A2007-1824708	
City BARRINGTON	State IL	Zip Code 60010	Amount of Each Receipt this Period 40.15
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 842.84		

Full Name (Last, First, Middle Initial) B. ROBERT W DANIELS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1020 Pleasant Street #1		Transaction ID: A2007-1778837	
City Oak Park	State IL	Zip Code 60302	Amount of Each Receipt this Period 34.47
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Communication Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 718.98		

Full Name (Last, First, Middle Initial) C. ROBERT W DANIELS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1020 Pleasant Street #1		Transaction ID: A2007-1824709	
City Oak Park	State IL	Zip Code 60302	Amount of Each Receipt this Period 34.47
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Communication Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 753.45		

SUBTOTAL of Receipts This Page (optional) ▶	109.09
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. SAM DE FRANK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5 COURT OF HIDDEN WELLS		Transaction ID: A2007-1778943
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 32.98	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP & Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 685.86	

Full Name (Last, First, Middle Initial) B. SAM DE FRANK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5 COURT OF HIDDEN WELLS		Transaction ID: A2007-1824710
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 32.98	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP & Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 718.84	

Full Name (Last, First, Middle Initial) C. RANDAL S DECOURSEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6710 BLUE RIDGE LANE		Transaction ID: A2007-1778939
City State Zip Code LINCOLN NE 68516	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 618.90	

SUBTOTAL of Receipts This Page (optional) ▶	95.96
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RANDAL S DECOURSEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 6710 BLUE RIDGE LANE		Transaction ID: A2007-1824711	
City State Zip Code LINCOLN NE 68516		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 648.90	

Full Name (Last, First, Middle Initial) B. STEVEN J DEGNAN-SCHMIDT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1320 MULBERRY LN.		Transaction ID: A2007-1778873	
City State Zip Code CARY IL 60013		Amount of Each Receipt this Period 35.45	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 737.60	

Full Name (Last, First, Middle Initial) C. STEVEN J DEGNAN-SCHMIDT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1320 MULBERRY LN.		Transaction ID: A2007-1824712	
City State Zip Code CARY IL 60013		Amount of Each Receipt this Period 35.45	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 773.05	

SUBTOTAL of Receipts This Page (optional) ▶	100.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JEFFREY F DEIGL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 453 PRAIRIE		Transaction ID: A2007-1779047
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.22
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.26	

Full Name (Last, First, Middle Initial) B. JEFFREY F DEIGL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 453 PRAIRIE		Transaction ID: A2007-1824713
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.22
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1131.48	

Full Name (Last, First, Middle Initial) C. LORI A DESCH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5 TREGONWELL COURT		Transaction ID: A2007-1778863
City ALGONQUIN	State IL	Zip Code 60102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.65
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.95	

SUBTOTAL of Receipts This Page (optional)	▶	136.09
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 306
	<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. LORI A DESCH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5 TREGONWELL COURT		Transaction ID: A2007-1824714
City State Zip Code ALGONQUIN IL 60102	Amount of Each Receipt this Period 31.65	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.60	

Full Name (Last, First, Middle Initial) B. KRISTINE DIGIROLAMO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 10123 NORTH RIVER ROAD		Transaction ID: A2007-1779068
City State Zip Code BARRINGTON HILL IL 60102	Amount of Each Receipt this Period 16.41	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.86	

Full Name (Last, First, Middle Initial) C. KRISTINE DIGIROLAMO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 10123 NORTH RIVER ROAD		Transaction ID: A2007-1824715
City State Zip Code BARRINGTON HILL IL 60102	Amount of Each Receipt this Period 16.41	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.27	

SUBTOTAL of Receipts This Page (optional) ▶	64.47
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LEO DISHEL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 340 E 74TH ST APT 6C		Transaction ID: A2007-1778772	
City NEW YORK	State NY	Zip Code 10021	Amount of Each Receipt this Period 20.30
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.35		

Full Name (Last, First, Middle Initial) B. LEO DISHEL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 340 E 74TH ST APT 6C		Transaction ID: A2007-1824716	
City NEW YORK	State NY	Zip Code 10021	Amount of Each Receipt this Period 20.30
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.65		

Full Name (Last, First, Middle Initial) C. SARAH R DONAHUE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4147 RFD		Transaction ID: A2007-1779023	
City LONG GROVE	State IL	Zip Code 60047	Amount of Each Receipt this Period 55.95
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Northbrook/Glenbrook		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1158.08		

SUBTOTAL of Receipts This Page (optional) ▶	96.55
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Northbrook/Glenbrook

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1214.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824717

Amount of Each Receipt this Period
55.95

B. Full Name (Last, First, Middle Initial)
PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Investor Relations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779141

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Investor Relations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824718

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 95.71

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DANIEL C DRESSEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1706 ADLER LANE		Transaction ID: A2007-1778811
City State Zip Code MALVERN PA 19355	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.13	

Full Name (Last, First, Middle Initial) B. DANIEL C DRESSEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1706 ADLER LANE		Transaction ID: A2007-1824719
City State Zip Code MALVERN PA 19355	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.01	

Full Name (Last, First, Middle Initial) C. JAMES M DUDAS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 109 LORRAINE DRIVE		Transaction ID: A2007-1778871
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 17.84	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.89	

SUBTOTAL of Receipts This Page (optional) ▶	57.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JAMES M DUDAS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 109 LORRAINE DRIVE		Transaction ID: A2007-1824720
City State Zip Code LAKE ZURICH IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 17.84
Name of Employer Allstate Insurance Company	Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.73	

Full Name (Last, First, Middle Initial) B. TIMOTHY R DUGAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3220 SANDY LANE		Transaction ID: A2007-1779129
City State Zip Code GLENVIEW IL 60025	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 29.65
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.40	

Full Name (Last, First, Middle Initial) C. TIMOTHY R DUGAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 3220 SANDY LANE		Transaction ID: A2007-1824721
City State Zip Code GLENVIEW IL 60025	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 29.65
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.05	

SUBTOTAL of Receipts This Page (optional)	▶	77.14
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 306
	<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. Full Name (Last, First, Middle Initial)
WILLIAM F DULIN

Mailing Address 1301 NORMANDY CT

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Allstate Insurance Company
Occupation Education and Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
317.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778850

Amount of Each Receipt this Period
15.22

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

Mailing Address 1301 NORMANDY CT

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Allstate Insurance Company
Occupation Education and Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
332.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824722

Amount of Each Receipt this Period
15.22

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

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company
Occupation AVP Strategy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
457.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779008

Amount of Each Receipt this Period
22.19

SUBTOTAL of Receipts This Page (optional)	▶	52.63
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 306
	<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. Full Name (Last, First, Middle Initial)
LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation AVP Strategy Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 479.36

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824723

Amount of Each Receipt this Period
22.19

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

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation AF Operations Dept Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.35

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779029

Amount of Each Receipt this Period
27.70

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

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation AF Operations Dept Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 604.05

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824724

Amount of Each Receipt this Period
27.70

SUBTOTAL of Receipts This Page (optional)	▶	77.59
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 306
	<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. JOHN EDELEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1250 So Indiana - Unit 1309		Transaction ID: A2007-1778796
City Chicago	State IL	Zip Code 60605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.97
Name of Employer Allstate Insurance Company	Occupation AVP P-CCSO Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 877.03	

Full Name (Last, First, Middle Initial) B. JOHN EDELEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1250 So Indiana - Unit 1309		Transaction ID: A2007-1824727
City Chicago	State IL	Zip Code 60605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.97
Name of Employer Allstate Insurance Company	Occupation AVP P-CCSO Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.00	

Full Name (Last, First, Middle Initial) C. PHILIP L EMMANUELE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1085 FOREST HILL RD.		Transaction ID: A2007-1778775
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Allstate Insurance Company	Occupation AVP Marketing Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1247.75	

SUBTOTAL of Receipts This Page (optional)	▶	143.94
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PHILIP L EMMANUELE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1085 FOREST HILL RD.		Transaction ID: A2007-1824730
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Marketing Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.75	

Full Name (Last, First, Middle Initial) B. KATHLEEN N ENRIGHT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 10323 TRUMBULL AVE		Transaction ID: A2007-1779038
City State Zip Code CHICAGO IL 60655	Amount of Each Receipt this Period 34.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.93	

Full Name (Last, First, Middle Initial) C. KATHLEEN N ENRIGHT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 10323 TRUMBULL AVE		Transaction ID: A2007-1824731
City State Zip Code CHICAGO IL 60655	Amount of Each Receipt this Period 34.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.62	

SUBTOTAL of Receipts This Page (optional) ▶	129.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL L ESCOBAR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 660 BALMORAL LANE		Transaction ID: A2007-1778757
City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 50.18	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Finance Innovation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.60	

Full Name (Last, First, Middle Initial) B. MICHAEL L ESCOBAR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 660 BALMORAL LANE		Transaction ID: A2007-1824732
City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 50.18	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Finance Innovation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.78	

Full Name (Last, First, Middle Initial) C. RICHARD B ESPINOZA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 673 HASTINGS ROAD		Transaction ID: A2007-1778959
City State Zip Code WHEELING IL 60090	Amount of Each Receipt this Period 31.02	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Unclassified Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.47	

SUBTOTAL of Receipts This Page (optional) ▶	131.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RICHARD B ESPINOZA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 673 HASTINGS ROAD		Transaction ID: A2007-1824733
City State Zip Code WHEELING IL 60090	Amount of Each Receipt this Period 31.02	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Unclassified Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 676.49	

Full Name (Last, First, Middle Initial) B. THOMAS W EVANS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1224 BARCLAY CIRCLE		Transaction ID: A2007-1778792
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 41.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 866.95	

Full Name (Last, First, Middle Initial) C. THOMAS W EVANS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1224 BARCLAY CIRCLE		Transaction ID: A2007-1824734
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 41.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 908.64	

SUBTOTAL of Receipts This Page (optional) ▶	114.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 306
	<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. Full Name (Last, First, Middle Initial)
DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City State Zip Code
RIVER FOREST IL 60305

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

Name of Employer Allstate Insurance Company Occupation Senior Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1697.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778934

Amount of Each Receipt this Period
81.81

B. Full Name (Last, First, Middle Initial)
DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City State Zip Code
RIVER FOREST IL 60305

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

Name of Employer Allstate Insurance Company Occupation Senior Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1778.82

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824735

Amount of Each Receipt this Period
81.81

C. Full Name (Last, First, Middle Initial)
KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

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 ▼ 787.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779081

Amount of Each Receipt this Period
37.85

SUBTOTAL of Receipts This Page (optional)	▶	201.47
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KATHRYN L FABYAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 21209 WEST YORKSHIRE DRIVE		Transaction ID: A2007-1824736
City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 37.85	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.40	

Full Name (Last, First, Middle Initial) B. GORDON S FALKNOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 703 E CHERRY LN		Transaction ID: A2007-1778956
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 45.99	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 954.31	

Full Name (Last, First, Middle Initial) C. GORDON S FALKNOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 703 E CHERRY LN		Transaction ID: A2007-1824737
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 45.99	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.30	

SUBTOTAL of Receipts This Page (optional) ▶	129.83
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 306
	<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. CAROLYN A FILIPOVIC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 918 JUNIPER ROAD		Transaction ID: A2007-1779060	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 25.55		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior Regional Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.50		

Full Name (Last, First, Middle Initial) B. CAROLYN A FILIPOVIC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 918 JUNIPER ROAD		Transaction ID: A2007-1824738	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 25.55		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior Regional Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 558.05		

Full Name (Last, First, Middle Initial) C. STEVEN FINE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 40375 N. SEA EAGLE CT		Transaction ID: A2007-1778800	
City State Zip Code ANTIOCH IL 60002	Amount of Each Receipt this Period 24.90		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.95		

SUBTOTAL of Receipts This Page (optional) ▶	76.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STEVEN FINE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 40375 N. SEA EAGLE CT		Transaction ID: A2007-1824739	
City State Zip Code ANTIOCH IL 60002	Amount of Each Receipt this Period 24.90		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.85		

Full Name (Last, First, Middle Initial) B. DARYLL D FLETCHER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 22256 W MASHI CT		Transaction ID: A2007-1778926	
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 27.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation VP-KNOWLEDGE DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 578.55		

Full Name (Last, First, Middle Initial) C. DARYLL D FLETCHER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 22256 W MASHI CT		Transaction ID: A2007-1824740	
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 27.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation VP-KNOWLEDGE DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.44		

SUBTOTAL of Receipts This Page (optional) ▶	80.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KELLY F FOGARTY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 613 REX		Transaction ID: A2007-1778951
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 37.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 768.67	

Full Name (Last, First, Middle Initial) B. KELLY F FOGARTY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 613 REX		Transaction ID: A2007-1824741
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 37.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.75	

Full Name (Last, First, Middle Initial) C. ANGELA K FONTANA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1280 WILD ROSE LANE		Transaction ID: A2007-1779111
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 15.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.86	

SUBTOTAL of Receipts This Page (optional) ▶	89.47
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824742

Amount of Each Receipt this Period
15.31

B. Full Name (Last, First, Middle Initial)
DAWN H FRASE

Mailing Address 24076 N. SHAGBARK

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 381.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779022

Amount of Each Receipt this Period
18.25

C. Full Name (Last, First, Middle Initial)
DAWN H FRASE

Mailing Address 24076 N. SHAGBARK

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824743

Amount of Each Receipt this Period
18.25

SUBTOTAL of Receipts This Page (optional)	▶	51.81
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 306
	<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. Full Name (Last, First, Middle Initial)
PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Senior Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1472.34

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778877

Amount of Each Receipt this Period
 74.31

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

Mailing Address 945 Shermer Road

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Senior Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1546.65

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824744

Amount of Each Receipt this Period
 74.31

C. Full Name (Last, First, Middle Initial)
KARL A FRIEDMAN

Mailing Address 333 DUNLEER DRIVE

City CARY State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.46

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778972

Amount of Each Receipt this Period
 17.13

SUBTOTAL of Receipts This Page (optional)	▶	165.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 306
	<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. Full Name (Last, First, Middle Initial)
KARL A FRIEDMAN

Mailing Address 333 DUNLEER DRIVE

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824745

Amount of Each Receipt this Period
17.13

B. Full Name (Last, First, Middle Initial)
ERIC M FRISVOLD

Mailing Address 1404 SHETLAND DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779108

Amount of Each Receipt this Period
14.67

C. Full Name (Last, First, Middle Initial)
ERIC M FRISVOLD

Mailing Address 1404 SHETLAND DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Accounting Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824746

Amount of Each Receipt this Period
14.67

SUBTOTAL of Receipts This Page (optional)	▶	46.47
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 306
	<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. Full Name (Last, First, Middle Initial)
MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 835.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778876

Amount of Each Receipt this Period
39.77

B. Full Name (Last, First, Middle Initial)
MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 874.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824747

Amount of Each Receipt this Period
39.77

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

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 561.47

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778810

Amount of Each Receipt this Period
26.97

SUBTOTAL of Receipts This Page (optional)	▶	106.51
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ANGELA FUSCO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 22255 MASHIE CT		Transaction ID: A2007-1824748
City IVANHOE	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.97
Name of Employer Allstate Insurance Company	Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.44	

Full Name (Last, First, Middle Initial) B. VINCENT A FUSCO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6 SUGAR MAPLE COURT		Transaction ID: A2007-1778754
City DIX HILLS	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.66
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.90	

Full Name (Last, First, Middle Initial) C. VINCENT A FUSCO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 6 SUGAR MAPLE COURT		Transaction ID: A2007-1824749
City DIX HILLS	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.66
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.56	

SUBTOTAL of Receipts This Page (optional)	▶	72.29
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DOUGLAS F GAER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5610 SOUTH 88th STREET		Transaction ID: A2007-1779114
City State Zip Code LINCOLN NE 68526	Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Nebraska Service Cent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.30	

Full Name (Last, First, Middle Initial) B. DOUGLAS F GAER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5610 SOUTH 88th STREET		Transaction ID: A2007-1824750
City State Zip Code LINCOLN NE 68526	Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Nebraska Service Cent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.60	

Full Name (Last, First, Middle Initial) C. PATRICK C GALLERY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2321 WEST STEEPLECHASE		Transaction ID: A2007-1778814
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 58.63	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President & Assistan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1216.25	

SUBTOTAL of Receipts This Page (optional) ▶	103.23
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PATRICK C GALLERY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2321 WEST STEEPLECHASE		Transaction ID: A2007-1824751	
City State Zip Code LIBERTYVILLE IL 60048		Amount of Each Receipt this Period 58.63	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President & Assistan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1274.88	

Full Name (Last, First, Middle Initial) B. KAREN C GARDNER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1434 BAFFIN ROAD		Transaction ID: A2007-1779112	
City State Zip Code GLENVIEW IL 60025		Amount of Each Receipt this Period 68.18	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1414.77	

Full Name (Last, First, Middle Initial) C. KAREN C GARDNER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1434 BAFFIN ROAD		Transaction ID: A2007-1824752	
City State Zip Code GLENVIEW IL 60025		Amount of Each Receipt this Period 68.18	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1482.95	

SUBTOTAL of Receipts This Page (optional) ▶	194.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOSEPH E GARNETT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 507 OLD WALNUT CIRCLE		Transaction ID: A2007-1778761
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.98
Name of Employer Allstate Insurance Company	Occupation Bank Cash Management Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.78	

Full Name (Last, First, Middle Initial) B. JOSEPH E GARNETT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 507 OLD WALNUT CIRCLE		Transaction ID: A2007-1824753
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.98
Name of Employer Allstate Insurance Company	Occupation Bank Cash Management Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.76	

Full Name (Last, First, Middle Initial) C. LYNN A GEHANT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 23W650 WOODWORTH PLACE		Transaction ID: A2007-1778960
City State Zip Code ROSELLE IL 60172	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 36.07
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.37	

SUBTOTAL of Receipts This Page (optional)	74.03
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LYNN A GEHANT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 23W650 WOODWORTH PLACE		Transaction ID: A2007-1824754	
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 36.07		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 787.44		

Full Name (Last, First, Middle Initial) B. NICK GEORGAKOPOULOS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1846 N. HALSTED ST. #2		Transaction ID: A2007-1778985	
City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 15.73		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance & Planning Senior		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.73		

Full Name (Last, First, Middle Initial) C. NICK GEORGAKOPOULOS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1846 N. HALSTED ST. #2		Transaction ID: A2007-1824755	
City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 15.73		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance & Planning Senior		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.46		

SUBTOTAL of Receipts This Page (optional) ▶	67.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 306
	<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. Full Name (Last, First, Middle Initial)
BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
HOFFMAN ESTATES IL 60195

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 633.57

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779113

Amount of Each Receipt this Period
30.53

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

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
HOFFMAN ESTATES IL 60195

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 664.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824756

Amount of Each Receipt this Period
30.53

C. Full Name (Last, First, Middle Initial)
JOAN 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 Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 897.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778758

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional)	▶	100.83
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 306
	<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. Full Name (Last, First, Middle Initial)
JOAN 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 Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 937.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824757

Amount of Each Receipt this Period
39.77

B. Full Name (Last, First, Middle Initial)
MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation Vice President Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1472.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779002

Amount of Each Receipt this Period
71.01

C. Full Name (Last, First, Middle Initial)
MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation Vice President Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1543.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824758

Amount of Each Receipt this Period
71.01

SUBTOTAL of Receipts This Page (optional)	▶	181.79
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT J GLOD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1016 N. DERBYSHIRE		Transaction ID: A2007-1778933
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 18.62	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.67	

Full Name (Last, First, Middle Initial) B. ROBERT J GLOD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1016 N. DERBYSHIRE		Transaction ID: A2007-1824759
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 18.62	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.29	

Full Name (Last, First, Middle Initial) C. WILLIAM T GOFF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 124 FLEETS COVE ROAD		Transaction ID: A2007-1778759
City State Zip Code HUNTINGTON NY 11743	Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35	

SUBTOTAL of Receipts This Page (optional) ▶	53.59
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 306
	<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 T GOFF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 124 FLEETS COVE ROAD		Transaction ID: A2007-1824760
City State Zip Code HUNTINGTON NY 11743	Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70	

Full Name (Last, First, Middle Initial) B. BARBARA H GOHR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1601 OLD BARN CIRCLE		Transaction ID: A2007-1778862
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 26.89	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Administrative Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 558.32	

Full Name (Last, First, Middle Initial) C. BARBARA H GOHR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1601 OLD BARN CIRCLE		Transaction ID: A2007-1824761
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 26.89	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Administrative Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.21	

SUBTOTAL of Receipts This Page (optional) ▶	70.13
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BRUCE R GOLDBERG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 10 MULBERRY LN		Transaction ID: A2007-1778918
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.15	

Full Name (Last, First, Middle Initial) B. BRUCE R GOLDBERG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 10 MULBERRY LN		Transaction ID: A2007-1824763
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.03	

Full Name (Last, First, Middle Initial) C. DENNIS C GOMEZ		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3 ROBERT COURT		Transaction ID: A2007-1778789
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 59.47	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Human Reso	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.79	

SUBTOTAL of Receipts This Page (optional) ▶	99.23
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DENNIS C GOMEZ		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3 ROBERT COURT		Transaction ID: A2007-1824764	
City HAWTHORN WOODS	State IL	Zip Code 60047	Amount of Each Receipt this Period 59.47
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Human Reso		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 759.26		

Full Name (Last, First, Middle Initial) B. ANN A GOULD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4071 NEWPORT LANE		Transaction ID: A2007-1779168	
City ARLINGTON HTS	State IL	Zip Code 60004	Amount of Each Receipt this Period 31.84
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 661.79		

Full Name (Last, First, Middle Initial) C. ANN A GOULD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4071 NEWPORT LANE		Transaction ID: A2007-1824766	
City ARLINGTON HTS	State IL	Zip Code 60004	Amount of Each Receipt this Period 31.84
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.63		

SUBTOTAL of Receipts This Page (optional) ▶	123.15
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City ODESSA State FL Zip Code 33556

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 438.15

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778859

Amount of Each Receipt this Period
19.88

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

Mailing Address 18799 GUNN HIGHWAY

City ODESSA State FL Zip Code 33556

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824767

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City CHICAGO State IL Zip Code 60611

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

Name of Employer Allstate Insurance Company Occupation Data Center Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 524.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779091

Amount of Each Receipt this Period
25.21

SUBTOTAL of Receipts This Page (optional)	▶	64.97
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PAMELA P GRAY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 50 E. BELLEVUE PL. #2402		Transaction ID: A2007-1824768	
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 25.21		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Data Center Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.77		

Full Name (Last, First, Middle Initial) B. JUDITH P GREFFIN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 948 NORTH EUCLID AVENUE		Transaction ID: A2007-1778881	
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 46.15		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 856.92		

Full Name (Last, First, Middle Initial) C. JUDITH P GREFFIN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 948 NORTH EUCLID AVENUE		Transaction ID: A2007-1824769	
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 46.15		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 903.07		

SUBTOTAL of Receipts This Page (optional) ▶	117.51
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MARK A GRELLA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1210 HADLEIGH DRIVE		Transaction ID: A2007-1778786	
City State Zip Code WEST CHESTER PA 19380		Amount of Each Receipt this Period 48.13	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Assistant Field Vice Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 997.78	

Full Name (Last, First, Middle Initial) B. MARK A GRELLA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1210 HADLEIGH DRIVE		Transaction ID: A2007-1824770	
City State Zip Code WEST CHESTER PA 19380		Amount of Each Receipt this Period 48.13	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Assistant Field Vice Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1045.91	

Full Name (Last, First, Middle Initial) C. MARYLIN H GROOM		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 170 ASPINWALL STREET		Transaction ID: A2007-1778777	
City State Zip Code WESTBURY NY 11590		Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.65	

SUBTOTAL of Receipts This Page (optional) ▶	112.61
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MARYLIN H GROOM		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 170 ASPINWALL STREET		Transaction ID: A2007-1824771
City State Zip Code WESTBURY NY 11590	Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.00	

Full Name (Last, First, Middle Initial) B. GREGORY J GUIDOS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 804 QUEENS HARBOR BLVD		Transaction ID: A2007-1779059
City State Zip Code JACKSONVILLE FL 32225	Amount of Each Receipt this Period 22.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Finance AFW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.44	

Full Name (Last, First, Middle Initial) C. GREGORY J GUIDOS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 804 QUEENS HARBOR BLVD		Transaction ID: A2007-1824773
City State Zip Code JACKSONVILLE FL 32225	Amount of Each Receipt this Period 22.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Finance AFW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 488.75	

SUBTOTAL of Receipts This Page (optional) ▶	60.97
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 306
	<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. Full Name (Last, First, Middle Initial)
JOHN F HAAS

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
SCOTTSDALE AZ 85254

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 386.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779145

Amount of Each Receipt this Period
18.54

B. Full Name (Last, First, Middle Initial)
JOHN F HAAS

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
SCOTTSDALE AZ 85254

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824774

Amount of Each Receipt this Period
18.54

C. Full Name (Last, First, Middle Initial)
KIRK HAGGARD

Mailing Address 6608 OCASO DRIVE

City State Zip Code
CASTLE ROCK CO 80108

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

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 567.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779164

Amount of Each Receipt this Period
27.34

SUBTOTAL of Receipts This Page (optional)	▶	64.42
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 306
	<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. Full Name (Last, First, Middle Initial)
KIRK HAGGARD

Mailing Address 6608 OCASO DRIVE

City State Zip Code
CASTLE ROCK CO 80108

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

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 594.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824775

Amount of Each Receipt this Period
27.34

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

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Ivantage AVP Specialty Li

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779012

Amount of Each Receipt this Period
52.23

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

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Ivantage AVP Specialty Li

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1137.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824777

Amount of Each Receipt this Period
52.23

SUBTOTAL of Receipts This Page (optional)	▶	131.80
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT F HAIR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 17 NORTH TRAIL		Transaction ID: A2007-1779169
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 25.71	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 536.16	

Full Name (Last, First, Middle Initial) B. ROBERT F HAIR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 17 NORTH TRAIL		Transaction ID: A2007-1824778
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 25.71	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 561.87	

Full Name (Last, First, Middle Initial) C. DANNY L HALE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1071 OLMSTED DRIVE		Transaction ID: A2007-1779080
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 140.61	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP Chf Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.76	

SUBTOTAL of Receipts This Page (optional) ▶	192.03
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DANNY L HALE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1071 OLMSTED DRIVE		Transaction ID: A2007-1824779	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 140.61		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP Chf Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3057.37		

Full Name (Last, First, Middle Initial) B. ROBERT HALPERN-GIVENS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3001 SUTTON WOODS CT		Transaction ID: A2007-1779037	
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 17.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.99		

Full Name (Last, First, Middle Initial) C. ROBERT HALPERN-GIVENS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3001 SUTTON WOODS CT		Transaction ID: A2007-1824780	
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 17.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.18		

SUBTOTAL of Receipts This Page (optional) ▶	174.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RANDALL M HANSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 840 ALLEGHANY		Transaction ID: A2007-1779122	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 30.93		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 643.58		

Full Name (Last, First, Middle Initial) B. RANDALL M HANSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 840 ALLEGHANY		Transaction ID: A2007-1824781	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 30.93		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 674.51		

Full Name (Last, First, Middle Initial) C. MICHAEL L HARRISON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1141 WINNERS CIRCLE		Transaction ID: A2007-1779173	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 132.55		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2783.55		

SUBTOTAL of Receipts This Page (optional) ▶	194.41
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 101 / 306
(check 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. Full Name (Last, First, Middle Initial)
MICHAEL L HARRISON

Mailing Address 1141 WINNERS CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2916.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824782

Amount of Each Receipt this Period
132.55

B. Full Name (Last, First, Middle Initial)
FREDRICH A HATCH

Mailing Address 8313 STRATHMORE LANE

City State Zip Code
ROANOKE VA 24019

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

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 343.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779142

Amount of Each Receipt this Period
16.35

C. Full Name (Last, First, Middle Initial)
FREDRICH A HATCH

Mailing Address 8313 STRATHMORE LANE

City State Zip Code
ROANOKE VA 24019

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

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824783

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional) ► **165.25**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KEITH A HAUSCHILDT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 636 ROSEDALE AVE		Transaction ID: A2007-1778874
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 15.91	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP AF Operations & Techn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.30	

Full Name (Last, First, Middle Initial) B. KEITH A HAUSCHILDT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 636 ROSEDALE AVE		Transaction ID: A2007-1824784
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 15.91	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP AF Operations & Techn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.21	

Full Name (Last, First, Middle Initial) C. DANIEL J HEBEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 28365 West Big Hollow Road		Transaction ID: A2007-1778872
City State Zip Code Ingleside IL 60041	Amount of Each Receipt this Period 65.02	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1349.18	

SUBTOTAL of Receipts This Page (optional) ▶	96.84
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DANIEL J HEBEL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 28365 West Big Hollow Road		Transaction ID: A2007-1824785
City State Zip Code Ingleside IL 60041	Amount of Each Receipt this Period 65.02	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1414.20	

Full Name (Last, First, Middle Initial) B. RICHARD J HENEBERRY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 23 CLAYTON		Transaction ID: A2007-1778899
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 23.93	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Intract Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.63	

Full Name (Last, First, Middle Initial) C. RICHARD J HENEBERRY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 23 CLAYTON		Transaction ID: A2007-1824787
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 23.93	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Intract Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.56	

SUBTOTAL of Receipts This Page (optional) ▶	112.88
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 306
	<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. Full Name (Last, First, Middle Initial)
ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 614.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779085

Amount of Each Receipt this Period
29.55

B. Full Name (Last, First, Middle Initial)
ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 644.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824788

Amount of Each Receipt this Period
29.55

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

Mailing Address 701 GOODLAND AVE.

City State Zip Code
ROANOKE VA 24019

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

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 298.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778827

Amount of Each Receipt this Period
14.38

SUBTOTAL of Receipts This Page (optional)	▶	73.48
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. EDDIE H HILL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 701 GOODLAND AVE.		Transaction ID: A2007-1824789	
City State Zip Code ROANOKE VA 24019	Amount of Each Receipt this Period 14.38		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territory Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.26		

Full Name (Last, First, Middle Initial) B. WILLIAM G HILL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2935 GLENARYE DRIVE		Transaction ID: A2007-1778836	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 83.08		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Product		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1704.08		

Full Name (Last, First, Middle Initial) C. WILLIAM G HILL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2935 GLENARYE DRIVE		Transaction ID: A2007-1824790	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 83.08		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Product		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1787.16		

SUBTOTAL of Receipts This Page (optional) ▶	180.54
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. SHERYL L HODGES		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2510 OAK AVENUE		Transaction ID: A2007-1778990
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.52
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.32	

Full Name (Last, First, Middle Initial) B. SHERYL L HODGES		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2510 OAK AVENUE		Transaction ID: A2007-1824791
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.52
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.84	

Full Name (Last, First, Middle Initial) C. LINDA M HONOUR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 8 PELHAM ROAD		Transaction ID: A2007-1779176
City WESTON	State MA	Zip Code 02493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.08
Name of Employer Allstate Insurance Company	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.26	

SUBTOTAL of Receipts This Page (optional)	▶	74.12
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 306
	<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. Full Name (Last, First, Middle Initial)
LINDA M HONOUR

Mailing Address 8 PELHAM ROAD

City WESTON State MA Zip Code 02493

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

Name of Employer Allstate Insurance Company Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 452.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824792

Amount of Each Receipt this Period
43.08

B. Full Name (Last, First, Middle Initial)
MERRILD A HOOVER

Mailing Address 49 DORAL STREET

City HURRICANE State WV Zip Code 25526

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

Name of Employer Allstate Insurance Company Occupation Market Distribution Leade

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778840

Amount of Each Receipt this Period
22.68

C. Full Name (Last, First, Middle Initial)
MERRILD A HOOVER

Mailing Address 49 DORAL STREET

City HURRICANE State WV Zip Code 25526

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

Name of Employer Allstate Insurance Company Occupation Market Distribution Leade

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 497.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824793

Amount of Each Receipt this Period
22.68

SUBTOTAL of Receipts This Page (optional)	▶	88.44
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. F M HORD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1937 Veterans Blvd		Transaction ID: A2007-1824794	
City State Zip Code Metairie LA 70005	Amount of Each Receipt this Period 28.44		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.52		

Full Name (Last, First, Middle Initial) B. MARY L HUBER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1532 NORTH BELMONT AVE.		Transaction ID: A2007-1779076	
City State Zip Code ARLINGTON HTS. IL 60004	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Communication Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.48		

Full Name (Last, First, Middle Initial) C. MARY L HUBER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1532 NORTH BELMONT AVE.		Transaction ID: A2007-1824795	
City State Zip Code ARLINGTON HTS. IL 60004	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Communication Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36		

SUBTOTAL of Receipts This Page (optional) ▶	68.20
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL S HURLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1225 N. BURGANDY TRAIL		Transaction ID: A2007-1778818	
City State Zip Code JACKSONVILLE FL 32259	Amount of Each Receipt this Period 14.64		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.64		

Full Name (Last, First, Middle Initial) B. MICHAEL S HURLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1225 N. BURGANDY TRAIL		Transaction ID: A2007-1824796	
City State Zip Code JACKSONVILLE FL 32259	Amount of Each Receipt this Period 14.64		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.28		

Full Name (Last, First, Middle Initial) C. STEPHEN L IHM		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 21558 W GOLDFINCH CT		Transaction ID: A2007-1778987	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 43.48		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 909.37		

SUBTOTAL of Receipts This Page (optional) ▶	72.76
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 306
	<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. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 952.85

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824797

Amount of Each Receipt this Period
43.48

B. Full Name (Last, First, Middle Initial)
KENNETH A IRVIN

Mailing Address 6352 CRAGIE HILL CT

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Allstate Insurance Company Occupation Regional Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778815

Amount of Each Receipt this Period
15.50

C. Full Name (Last, First, Middle Initial)
KENNETH A IRVIN

Mailing Address 6352 CRAGIE HILL CT

City State Zip Code
DUBLIN OH 43017

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

Name of Employer Allstate Insurance Company Occupation Regional Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824798

Amount of Each Receipt this Period
15.50

SUBTOTAL of Receipts This Page (optional)	▶	74.48
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 111 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LYNNE A IVERSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 890 BLAZING STAR TRAIL		Transaction ID: A2007-1778942
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 27.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sourcing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 513.97	

Full Name (Last, First, Middle Initial) B. LYNNE A IVERSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 890 BLAZING STAR TRAIL		Transaction ID: A2007-1824799
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 27.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sourcing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.30	

Full Name (Last, First, Middle Initial) C. MICHAEL A JACKOWSKI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3602 FRANKLIN CT.		Transaction ID: A2007-1778919
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 76.43	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.58	

SUBTOTAL of Receipts This Page (optional) ▶	131.09
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL A JACKOWSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3602 FRANKLIN CT.		Transaction ID: A2007-1824800	
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 76.43		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.01		

Full Name (Last, First, Middle Initial) B. BOB A JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 226 Maison Court		Transaction ID: A2007-1779132	
City State Zip Code Altamonte Springs FL 32714	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.48		

Full Name (Last, First, Middle Initial) C. BOB A JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 226 Maison Court		Transaction ID: A2007-1824801	
City State Zip Code Altamonte Springs FL 32714	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.36		

SUBTOTAL of Receipts This Page (optional) ▶	116.19
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JAMES C JAMIESON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 25 BRUCE CIRCLE NORTH		Transaction ID: A2007-1778913
City State Zip Code HAWTHORN WOODS IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31.89
Name of Employer Allstate Insurance Company	Occupation F&P/Enterprise Risk Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 662.84	

Full Name (Last, First, Middle Initial) B. JAMES C JAMIESON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 25 BRUCE CIRCLE NORTH		Transaction ID: A2007-1824802
City State Zip Code HAWTHORN WOODS IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31.89
Name of Employer Allstate Insurance Company	Occupation F&P/Enterprise Risk Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 694.73	

Full Name (Last, First, Middle Initial) C. LINDA K JANCIK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 479 FLOCK AVENUE		Transaction ID: A2007-1779147
City State Zip Code NAPERVILLE IL 60565	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12.98
Name of Employer Allstate Insurance Company	Occupation Sales Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.68	

SUBTOTAL of Receipts This Page (optional)	▶	76.76
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LINDA K JANCIK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 479 FLOCK AVENUE		Transaction ID: A2007-1824803	
City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 12.98		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Operations Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.66		

Full Name (Last, First, Middle Initial) B. LARRY D JOHNSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 21943 W VERNON RIDGE DRIVE		Transaction ID: A2007-1778893	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 52.99		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Catastrophe Managemen		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.58		

Full Name (Last, First, Middle Initial) C. LARRY D JOHNSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 21943 W VERNON RIDGE DRIVE		Transaction ID: A2007-1824805	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 52.99		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Catastrophe Managemen		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1158.57		

SUBTOTAL of Receipts This Page (optional) ▶	118.96
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RONALD JOHNSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1726 R.F.D		Transaction ID: A2007-1779127
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 14.82	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Allstate Force Develo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.21	

Full Name (Last, First, Middle Initial) B. RONALD JOHNSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1726 R.F.D		Transaction ID: A2007-1824806
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 14.82	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Allstate Force Develo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.03	

Full Name (Last, First, Middle Initial) C. LEWIS L JONES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address P.O. BOX 498		Transaction ID: A2007-1778839
City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 16.28	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.33	

SUBTOTAL of Receipts This Page (optional) ▶	45.92
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 116 / 306
(check 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. Full Name (Last, First, Middle Initial)
LEWIS L JONES

Mailing Address P.O. BOX 498

City State Zip Code
WADSWORTH IL 60083

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.61

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824807

Amount of Each Receipt this Period
16.28

B. Full Name (Last, First, Middle Initial)
DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City State Zip Code
CHICAGO IL 60646

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
866.20

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778973

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City State Zip Code
CHICAGO IL 60646

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
905.97

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824808

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **95.82**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 306
	<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. Full Name (Last, First, Middle Initial)
JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

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

Name of Employer Allstate Insurance Company Occupation Territorial Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.15

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778762

Amount of Each Receipt this Period
16.35

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

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

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

Name of Employer Allstate Insurance Company Occupation Territorial Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824809

Amount of Each Receipt this Period
16.35

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

Mailing Address 703 HIGHLAND CT

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779067

Amount of Each Receipt this Period
15.59

SUBTOTAL of Receipts This Page (optional) ► 48.29

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. TIMOTHY M KATHRENS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 703 HIGHLAND CT		Transaction ID: A2007-1824810
City State Zip Code GRAYSLAKE IL 60030	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.59
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.18	

Full Name (Last, First, Middle Initial) B. JEFF L KAUFMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5271 SERENE VIEW WAY		Transaction ID: A2007-1779138
City State Zip Code PARKER CO 80134	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 95.47
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.39	

Full Name (Last, First, Middle Initial) C. JEFF L KAUFMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5271 SERENE VIEW WAY		Transaction ID: A2007-1824811
City State Zip Code PARKER CO 80134	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.08
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.47	

SUBTOTAL of Receipts This Page (optional)	194.14
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MARY KEITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2309 RFD		Transaction ID: A2007-1779163	
City LONG GROVE	State IL	Amount of Each Receipt this Period 17.10	
Zip Code 60047		Amount of Each Receipt this Period 17.10	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.10	
Name of Employer Allstate Insurance Company	Occupation Finance Director	Amount of Each Receipt this Period 17.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.60	Amount of Each Receipt this Period 17.10	

Full Name (Last, First, Middle Initial) B. MARY KEITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2309 RFD		Transaction ID: A2007-1824812	
City LONG GROVE	State IL	Amount of Each Receipt this Period 17.10	
Zip Code 60047		Amount of Each Receipt this Period 17.10	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.10	
Name of Employer Allstate Insurance Company	Occupation Finance Director	Amount of Each Receipt this Period 17.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 373.70	Amount of Each Receipt this Period 17.10	

Full Name (Last, First, Middle Initial) C. TERRY KELAHER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 924 W. CHESTERFIELD CT.		Transaction ID: A2007-1778983	
City PALATINE	State IL	Amount of Each Receipt this Period 80.63	
Zip Code 60067		Amount of Each Receipt this Period 80.63	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.63	
Name of Employer Allstate Insurance Company	Occupation Vice President & General	Amount of Each Receipt this Period 80.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1675.73	Amount of Each Receipt this Period 80.63	

SUBTOTAL of Receipts This Page (optional) ▶	114.83
TOTAL This Period (last page this line number only) ▶	114.83

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 120 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. TERRY KELAHER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 924 W. CHESTERFIELD CT.		Transaction ID: A2007-1824813
City PALATINE	State IL	Zip Code 60067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.63
Name of Employer Allstate Insurance Company	Occupation Vice President & General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1756.36	

Full Name (Last, First, Middle Initial) B. DAVID E KENNEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 622 SEDGWICK DR.		Transaction ID: A2007-1779013
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.82
Name of Employer Allstate Insurance Company	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.27	

Full Name (Last, First, Middle Initial) C. DAVID E KENNEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 622 SEDGWICK DR.		Transaction ID: A2007-1824814
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.82
Name of Employer Allstate Insurance Company	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.09	

SUBTOTAL of Receipts This Page (optional)	120.27
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 306
	<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. DARON K KERSTEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 548 TIMBER RIDGE DR		Transaction ID: A2007-1778855
City State Zip Code LONGWOOD FL 32779	Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.23	

Full Name (Last, First, Middle Initial) B. DARON K KERSTEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 548 TIMBER RIDGE DR		Transaction ID: A2007-1824815
City State Zip Code LONGWOOD FL 32779	Amount of Each Receipt this Period 23.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 503.31	

Full Name (Last, First, Middle Initial) C. CHRISTOPHER R KIAH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1975 ROSE TERRACE		Transaction ID: A2007-1778744
City State Zip Code RIVERWOODS IL 60015	Amount of Each Receipt this Period 43.12	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 901.05	

SUBTOTAL of Receipts This Page (optional) ▶	89.28
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 306
	<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. Full Name (Last, First, Middle Initial)
CHRISTOPHER R KIAH

Mailing Address 1975 ROSE TERRACE

City RIVERWOODS State IL Zip Code 60015

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 944.17

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824816

Amount of Each Receipt this Period
 43.12

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

Mailing Address 1332 BAY MEADOWS DR

City BARTLETT State IL Zip Code 60103

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 766.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778915

Amount of Each Receipt this Period
 36.90

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

Mailing Address 1332 BAY MEADOWS DR

City BARTLETT State IL Zip Code 60103

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 803.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824817

Amount of Each Receipt this Period
 36.90

SUBTOTAL of Receipts This Page (optional)	▶	116.92
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 306
	<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. PAUL N KIERIG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 200 OXFORD RD		Transaction ID: A2007-1778967
City State Zip Code Tower Lakes IL 60010	Amount of Each Receipt this Period 24.49	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.93	

Full Name (Last, First, Middle Initial) B. PAUL N KIERIG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 200 OXFORD RD		Transaction ID: A2007-1824818
City State Zip Code Tower Lakes IL 60010	Amount of Each Receipt this Period 24.49	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.42	

Full Name (Last, First, Middle Initial) C. BARBARA L KILROY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1036 VINEYARD DRIVE		Transaction ID: A2007-1778824
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 17.42	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Audit Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.07	

SUBTOTAL of Receipts This Page (optional) ▶	66.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BARBARA L KILROY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1036 VINEYARD DRIVE		Transaction ID: A2007-1824819	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 17.42		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Audit Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.49		

Full Name (Last, First, Middle Initial) B. JAMES P KING		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 592 TURNER AVENUE		Transaction ID: A2007-1779042	
City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 35.48		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.93		

Full Name (Last, First, Middle Initial) C. JAMES P KING		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 592 TURNER AVENUE		Transaction ID: A2007-1824820	
City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 35.48		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.41		

SUBTOTAL of Receipts This Page (optional) ▶	88.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 125 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LAURA S KISTNER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 22047 W. PETOSKEY CT		Transaction ID: A2007-1779098
City State Zip Code PLAINFIELD IL 60544	Amount of Each Receipt this Period 17.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.16	

Full Name (Last, First, Middle Initial) B. LAURA S KISTNER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 22047 W. PETOSKEY CT		Transaction ID: A2007-1824821
City State Zip Code PLAINFIELD IL 60544	Amount of Each Receipt this Period 17.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.47	

Full Name (Last, First, Middle Initial) C. STEVEN T KLODZINSKI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 12085 Pond View Ct		Transaction ID: A2007-1824822
City State Zip Code Culpeper VA 22701	Amount of Each Receipt this Period 9.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.87	

SUBTOTAL of Receipts This Page (optional) ▶	44.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 306
	<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. Full Name (Last, First, Middle Initial)
KEITH A KNAPP

Mailing Address 175 Macarthur Dr #3712

City State Zip Code
Willowbrook IL 60527

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

Name of Employer Allstate Insurance Company Occupation Director DSN & CONST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778885

Amount of Each Receipt this Period
17.74

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

Mailing Address 175 Macarthur Dr #3712

City State Zip Code
Willowbrook IL 60527

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

Name of Employer Allstate Insurance Company Occupation Director DSN & CONST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 386.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824823

Amount of Each Receipt this Period
17.74

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

Mailing Address 2050 GLENDALE AVE

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779119

Amount of Each Receipt this Period
28.12

SUBTOTAL of Receipts This Page (optional)	▶	63.60
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 / 306						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JEFFREY D KNIPP		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2050 GLENDALE AVE		Transaction ID: A2007-1824824	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 28.12		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 611.34		

Full Name (Last, First, Middle Initial) B. MARY G KNIPP		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2050 GLENDALE AVENUE		Transaction ID: A2007-1778904	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Allstate Financial Market		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 436.18		

Full Name (Last, First, Middle Initial) C. MARY G KNIPP		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2050 GLENDALE AVENUE		Transaction ID: A2007-1824825	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Allstate Financial Market		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.06		

SUBTOTAL of Receipts This Page (optional) ▶	67.88
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 128 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. GARY L KOCHANЕК		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 743 CARDIGAN CT		Transaction ID: A2007-1778922	
City NAPERVILLE	State IL	Zip Code 60565	Amount of Each Receipt this Period 32.70
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.70		

Full Name (Last, First, Middle Initial) B. GARY L KOCHANЕК		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 743 CARDIGAN CT		Transaction ID: A2007-1824826	
City NAPERVILLE	State IL	Zip Code 60565	Amount of Each Receipt this Period 32.70
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 719.40		

Full Name (Last, First, Middle Initial) C. JOANNE L KRON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 341 N FIORE PARKWAY		Transaction ID: A2007-1778917	
City VERNON HILLS	State IL	Zip Code 60061	Amount of Each Receipt this Period 39.77
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 876.21		

SUBTOTAL of Receipts This Page (optional) ▶	105.17
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOANNE L KRON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 341 N FIORE PARKWAY		Transaction ID: A2007-1824827
City VERNON HILLS	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 915.98	

Full Name (Last, First, Middle Initial) B. MICHAEL A LA MONICA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 22401 BROOKSIDE WAY		Transaction ID: A2007-1778971
City LAKE BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.29
Name of Employer Allstate Insurance Company	Occupation Vice President Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1399.37	

Full Name (Last, First, Middle Initial) C. MICHAEL A LA MONICA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 22401 BROOKSIDE WAY		Transaction ID: A2007-1824828
City LAKE BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.29
Name of Employer Allstate Insurance Company	Occupation Vice President Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1466.66	

SUBTOTAL of Receipts This Page (optional)	▶	174.35
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 306
	<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. Full Name (Last, First, Middle Initial)
ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778766

Amount of Each Receipt this Period
44.72

B. Full Name (Last, First, Middle Initial)
ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 969.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824829

Amount of Each Receipt this Period
44.72

C. Full Name (Last, First, Middle Initial)
DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
CHICAGO IL 60605

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778892

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional)	▶	109.32
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 306
	<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. DEBORAH G LAWRENCE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 910 S MICHIGAN AVE #1501		Transaction ID: A2007-1824830	
City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36		

Full Name (Last, First, Middle Initial) B. PHILLIP E LAWSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 900 PARK AVENUE NORTH		Transaction ID: A2007-1779126	
City State Zip Code WINTER PARK FL 32789	Amount of Each Receipt this Period 73.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1509.48		

Full Name (Last, First, Middle Initial) C. PHILLIP E LAWSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 900 PARK AVENUE NORTH		Transaction ID: A2007-1824831	
City State Zip Code WINTER PARK FL 32789	Amount of Each Receipt this Period 73.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1582.52		

SUBTOTAL of Receipts This Page (optional) ▶	165.96
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CATHY A LAZAROFF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 910 S MICHIGAN AVE #1503		Transaction ID: A2007-1778753	
City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 57.57		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1195.32		

Full Name (Last, First, Middle Initial) B. CATHY A LAZAROFF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 910 S MICHIGAN AVE #1503		Transaction ID: A2007-1824832	
City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 57.57		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1252.89		

Full Name (Last, First, Middle Initial) C. MICHELLE LEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1404 100TH AVENUE NE		Transaction ID: A2007-1779171	
City State Zip Code BELLEVUE WA 98004	Amount of Each Receipt this Period 58.45		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1201.99		

SUBTOTAL of Receipts This Page (optional) ▶	173.59
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHELLE LEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1404 100TH AVENUE NE		Transaction ID: A2007-1824833	
City State Zip Code BELLEVUE WA 98004	Amount of Each Receipt this Period 58.45		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.44		

Full Name (Last, First, Middle Initial) B. SUSAN L LEES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1705 DARTMOUTH LN		Transaction ID: A2007-1778743	
City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 24.55		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.59		

Full Name (Last, First, Middle Initial) C. SUSAN L LEES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1705 DARTMOUTH LN		Transaction ID: A2007-1824834	
City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 24.55		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.14		

SUBTOTAL of Receipts This Page (optional) ▶	107.55
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ANDREW P LEICHT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 25658 N ARROWHEAD		Transaction ID: A2007-1778927
City State Zip Code MUNDELEIN IL 60060	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 32.69
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.49	

Full Name (Last, First, Middle Initial) B. ANDREW P LEICHT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 25658 N ARROWHEAD		Transaction ID: A2007-1824835
City State Zip Code MUNDELEIN IL 60060	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 32.69
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 719.18	

Full Name (Last, First, Middle Initial) C. NANCY L LEMKE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5697 BROOKSTONE WALK		Transaction ID: A2007-1778997
City State Zip Code ACWORTH GA 30101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 21.68
Name of Employer Allstate Insurance Company	Occupation Senior Field Corporate Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.13	

SUBTOTAL of Receipts This Page (optional)	▶	87.06
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 / 306						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. NANCY L LEMKE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 5697 BROOKSTONE WALK		Transaction ID: A2007-1824836	
City State Zip Code ACWORTH GA 30101	Amount of Each Receipt this Period 21.68		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior Field Corporate Re		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.81		

Full Name (Last, First, Middle Initial) B. GARY L LEVINE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9372 S 35TH STREET		Transaction ID: A2007-1779095	
City State Zip Code FRANKLIN WI 53132	Amount of Each Receipt this Period 11.63		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Counsel III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.43		

Full Name (Last, First, Middle Initial) C. GARY L LEVINE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 9372 S 35TH STREET		Transaction ID: A2007-1824837	
City State Zip Code FRANKLIN WI 53132	Amount of Each Receipt this Period 11.63		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Counsel III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.06		

SUBTOTAL of Receipts This Page (optional) ▶	44.94
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 136 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KELLY J LIEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3 BEDFORD COURT		Transaction ID: A2007-1779148	
City HAWTHORN WOODS	State IL	Zip Code 60047	Amount of Each Receipt this Period 17.36
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.21		

Full Name (Last, First, Middle Initial) B. KELLY J LIEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3 BEDFORD COURT		Transaction ID: A2007-1824838	
City HAWTHORN WOODS	State IL	Zip Code 60047	Amount of Each Receipt this Period 17.36
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.57		

Full Name (Last, First, Middle Initial) C. CHARLES M LITTLE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 20 STONEGATE POINT		Transaction ID: A2007-1779093	
City HOT SPRINGS	State AR	Zip Code 71913	Amount of Each Receipt this Period 13.83
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.78		

SUBTOTAL of Receipts This Page (optional) ▶	48.55
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 306
	<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. CHARLES M LITTLE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 20 STONEGATE POINT		Transaction ID: A2007-1824839
City State Zip Code HOT SPRINGS AR 71913	Amount of Each Receipt this Period 13.83	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.61	

Full Name (Last, First, Middle Initial) B. TERESA G LOGUE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 7187 PRESIDENTIAL DRIVE		Transaction ID: A2007-1778949
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 22.44	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Direct Response	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.05	

Full Name (Last, First, Middle Initial) C. TERESA G LOGUE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 7187 PRESIDENTIAL DRIVE		Transaction ID: A2007-1824840
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 22.44	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Direct Response	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.49	

SUBTOTAL of Receipts This Page (optional) ▶	58.71
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CHRISTOPHER T LONGEWAY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1134 W. PATTERSON #1		Transaction ID: A2007-1778982	
City CHICAGO	State IL	Zip Code 60613	Amount of Each Receipt this Period 28.05
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.90		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER T LONGEWAY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1134 W. PATTERSON #1		Transaction ID: A2007-1824841	
City CHICAGO	State IL	Zip Code 60613	Amount of Each Receipt this Period 28.05
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 611.95		

Full Name (Last, First, Middle Initial) C. RICHARD E LOTT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4666 SW HAMMOCK CREEK DR		Transaction ID: A2007-1778858	
City PALM CITY	State FL	Zip Code 34990	Amount of Each Receipt this Period 16.35
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35		

SUBTOTAL of Receipts This Page (optional) ▶	72.45
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RICHARD E LOTT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4666 SW HAMMOCK CREEK DR		Transaction ID: A2007-1824842	
City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70		

Full Name (Last, First, Middle Initial) B. JOHN C LOUNDS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4424 STONEHAVEN		Transaction ID: A2007-1779065	
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 36.81		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Product AF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 763.14		

Full Name (Last, First, Middle Initial) C. JOHN C LOUNDS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4424 STONEHAVEN		Transaction ID: A2007-1824843	
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 36.81		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Product AF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 799.95		

SUBTOTAL of Receipts This Page (optional) ▶	89.97
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 306
	<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. COREY C LUECHT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 843 Spring Cove Dr		Transaction ID: A2007-1779000
City SCHAUMBURG	State IL	Zip Code 60193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
Name of Employer Allstate Insurance Company	Occupation Accounting Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.85	

Full Name (Last, First, Middle Initial) B. COREY C LUECHT		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 843 Spring Cove Dr		Transaction ID: A2007-1824845
City SCHAUMBURG	State IL	Zip Code 60193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
Name of Employer Allstate Insurance Company	Occupation Accounting Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.00	

Full Name (Last, First, Middle Initial) C. BENJAMIN E LUMICAO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 343 S. DEARBORN ST. APT. 504		Transaction ID: A2007-1779026
City CHICAGO	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.64
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.24	

SUBTOTAL of Receipts This Page (optional)	62.94
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 306
	<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. BENJAMIN E LUMICAO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 343 S. DEARBORN ST. APT. 504		Transaction ID: A2007-1824846
City State Zip Code CHICAGO IL 60604	Amount of Each Receipt this Period 30.64	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 667.88	

Full Name (Last, First, Middle Initial) B. DANIEL J MACDONALD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2250 RIDGETRAIL DR		Transaction ID: A2007-1779075
City State Zip Code CASTLE ROCK CO 80104	Amount of Each Receipt this Period 23.99	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.64	

Full Name (Last, First, Middle Initial) C. DANIEL J MACDONALD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2250 RIDGETRAIL DR		Transaction ID: A2007-1824847
City State Zip Code CASTLE ROCK CO 80104	Amount of Each Receipt this Period 23.99	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.63	

SUBTOTAL of Receipts This Page (optional) ▶	78.62
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 142 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MORRIS A MADURO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address PO BOX 4343		Transaction ID: A2007-1778765	
City NAPERVILLE	State IL	Zip Code 60567	Amount of Each Receipt this Period 37.85
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 786.70		

Full Name (Last, First, Middle Initial) B. MORRIS A MADURO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address PO BOX 4343		Transaction ID: A2007-1824848	
City NAPERVILLE	State IL	Zip Code 60567	Amount of Each Receipt this Period 37.85
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 824.55		

Full Name (Last, First, Middle Initial) C. KATHERINE MALCOMSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 185 NILES EAST		Transaction ID: A2007-1779062	
City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 19.18
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Education and Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.63		

SUBTOTAL of Receipts This Page (optional) ▶	94.88
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KATHERINE MALCOMSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 185 NILES EAST		Transaction ID: A2007-1824849	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.18		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Education and Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.81		

Full Name (Last, First, Middle Initial) B. FELIX A MANTILLA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 28601 N. Sky Crest Drive		Transaction ID: A2007-1779077	
City State Zip Code Ivanhoe IL 60060	Amount of Each Receipt this Period 47.10		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 977.06		

Full Name (Last, First, Middle Initial) C. FELIX A MANTILLA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 28601 N. Sky Crest Drive		Transaction ID: A2007-1824851	
City State Zip Code Ivanhoe IL 60060	Amount of Each Receipt this Period 47.10		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1024.16		

SUBTOTAL of Receipts This Page (optional) ▶	113.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 144 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KENNETH P MARCOTTE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2311 HAVERTON DR		Transaction ID: A2007-1778932	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 18.07		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.02		

Full Name (Last, First, Middle Initial) B. KENNETH P MARCOTTE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2311 HAVERTON DR		Transaction ID: A2007-1824852	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 18.07		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.09		

Full Name (Last, First, Middle Initial) C. MICHAEL P MARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3178 HAVEN LANE		Transaction ID: A2007-1779003	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 37.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Planning Con		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 513.01		

SUBTOTAL of Receipts This Page (optional) ▶	73.81
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL P MARK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3178 HAVEN LANE		Transaction ID: A2007-1824853	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 37.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Planning Con		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.68		

Full Name (Last, First, Middle Initial) B. JOHN R MATHEWS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 401 E NORTH AVENUE		Transaction ID: A2007-1779027	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.64		

Full Name (Last, First, Middle Initial) C. JOHN R MATHEWS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 401 E NORTH AVENUE		Transaction ID: A2007-1824855	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.52		

SUBTOTAL of Receipts This Page (optional) ▶	77.43
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. W. D Mays		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 256 Post Oak Drive		Transaction ID: A2007-1778835	
City State Zip Code Roanoke VA 24019	Amount of Each Receipt this Period 18.20		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territory Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.00		

Full Name (Last, First, Middle Initial) B. W. D Mays		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 256 Post Oak Drive		Transaction ID: A2007-1824856	
City State Zip Code Roanoke VA 24019	Amount of Each Receipt this Period 18.20		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territory Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.20		

Full Name (Last, First, Middle Initial) C. MICHAEL J MC CABE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 8 S. WYNSTONE DRIVE		Transaction ID: A2007-1779140	
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 119.77		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Legal Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2369.12		

SUBTOTAL of Receipts This Page (optional) ▶	156.17
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 306
	<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. Full Name (Last, First, Middle Initial)
MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2488.89

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824857

Amount of Each Receipt this Period
119.77

B. Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1565.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779011

Amount of Each Receipt this Period
75.46

C. Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1640.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824858

Amount of Each Receipt this Period
75.46

SUBTOTAL of Receipts This Page (optional)	▶	270.69
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN A MC LAUGHLIN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 25748 N. Stoney Kirk Ct.		Transaction ID: A2007-1778958	
City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 39.76		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 827.96		

Full Name (Last, First, Middle Initial) B. JOHN A MC LAUGHLIN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 25748 N. Stoney Kirk Ct.		Transaction ID: A2007-1824859	
City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 39.76		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 867.72		

Full Name (Last, First, Middle Initial) C. PATRICIA M MCCARTHY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 222 STONE FENCE ROAD		Transaction ID: A2007-1778780	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.48		

SUBTOTAL of Receipts This Page (optional) ▶	99.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PATRICIA M MCCARTHY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 222 STONE FENCE ROAD		Transaction ID: A2007-1824860	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36		

Full Name (Last, First, Middle Initial) B. SALLY J MCCARTHY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1036 ROLLING PASS		Transaction ID: A2007-1779009	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 13.44		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Manager Bonus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.64		

Full Name (Last, First, Middle Initial) C. SALLY J MCCARTHY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1036 ROLLING PASS		Transaction ID: A2007-1824861	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 13.44		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Manager Bonus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.08		

SUBTOTAL of Receipts This Page (optional) ▶	46.76
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 150 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BRIAN D MCCLELLAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2206 W. LAWRENCE LANE		Transaction ID: A2007-1779007
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.18	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.58	

Full Name (Last, First, Middle Initial) B. BRIAN D MCCLELLAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2206 W. LAWRENCE LANE		Transaction ID: A2007-1824862
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.18	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.76	

Full Name (Last, First, Middle Initial) C. JOSEPH P MCCORMICK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 808 PARKDALE CT.		Transaction ID: A2007-1778822
City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 16.10	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Field Corporate Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.70	

SUBTOTAL of Receipts This Page (optional) ▶	46.46
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
JOSEPH P MCCORMICK

Mailing Address 808 PARKDALE CT.

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 351.80

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824863

Amount of Each Receipt this Period
16.10

B. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.59

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779149

Amount of Each Receipt this Period
20.82

C. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.41

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824864

Amount of Each Receipt this Period
20.82

SUBTOTAL of Receipts This Page (optional)	▶	57.74
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. EVA M MCINTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 28 MANCERA		Transaction ID: A2007-1779144	
City State Zip Code RANCHO SANTA MA CA 92688		Amount of Each Receipt this Period 30.10	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.60	

Full Name (Last, First, Middle Initial) B. EVA M MCINTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 28 MANCERA		Transaction ID: A2007-1824865	
City State Zip Code RANCHO SANTA MA CA 92688		Amount of Each Receipt this Period 30.10	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.70	

Full Name (Last, First, Middle Initial) C. MICHAEL MCKINNEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1207 DEVENS DRIVE		Transaction ID: A2007-1778831	
City State Zip Code BRENTWOOD TN 37027		Amount of Each Receipt this Period 44.59	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 924.42	

SUBTOTAL of Receipts This Page (optional) ▶	104.79
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL MCKINNEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1207 DEVENS DRIVE		Transaction ID: A2007-1824866	
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 57.98		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 982.40		

Full Name (Last, First, Middle Initial) B. PATRICIA S MCPHERSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3133 N. Walker Lane West		Transaction ID: A2007-1779154	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.80		

Full Name (Last, First, Middle Initial) C. PATRICIA S MCPHERSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3133 N. Walker Lane West		Transaction ID: A2007-1824867	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.15		

SUBTOTAL of Receipts This Page (optional) ▶	90.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 154 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JEFFREY J MCRAE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1213 THORNDALE LN		Transaction ID: A2007-1778867
City State Zip Code LAKE ZURICH IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.88
Name of Employer Allstate Insurance Company	Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.22	

Full Name (Last, First, Middle Initial) B. JEFFREY J MCRAE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1213 THORNDALE LN		Transaction ID: A2007-1824868
City State Zip Code LAKE ZURICH IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.88
Name of Employer Allstate Insurance Company	Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.10	

Full Name (Last, First, Middle Initial) C. STACY L MCWHORTER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6345 OLD FARM LANE		Transaction ID: A2007-1779040
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 11.38
Name of Employer Allstate Insurance Company	Occupation AF Operations Dept Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.53	

SUBTOTAL of Receipts This Page (optional)	53.14
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STACY L MCWHORTER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 6345 OLD FARM LANE		Transaction ID: A2007-1824869
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 11.38	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AF Operations Dept Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.91	

Full Name (Last, First, Middle Initial) B. DANIEL K MEHIGAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1829 GATEWOOD DR		Transaction ID: A2007-1779070
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 11.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AF Operations Dept Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.09	

Full Name (Last, First, Middle Initial) C. DANIEL K MEHIGAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1829 GATEWOOD DR		Transaction ID: A2007-1824870
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 11.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AF Operations Dept Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.63	

SUBTOTAL of Receipts This Page (optional) ▶	34.46
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 156 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. GARY A MELLINI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 21050 PRESTWICK DRIVE		Transaction ID: A2007-1778760	
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 32.47		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.75		

Full Name (Last, First, Middle Initial) B. GARY A MELLINI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 21050 PRESTWICK DRIVE		Transaction ID: A2007-1824871	
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 32.47		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 706.22		

Full Name (Last, First, Middle Initial) C. JANE M MELLON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 184 GARFIELD		Transaction ID: A2007-1778938	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 39.77		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 866.34		

SUBTOTAL of Receipts This Page (optional) ▶	104.71
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JANE M MELLON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 184 GARFIELD		Transaction ID: A2007-1824872
City State Zip Code ELMHURST IL 60126	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 906.11	

Full Name (Last, First, Middle Initial) B. HANS H METZINGER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 407 E. CLAIRE LANE		Transaction ID: A2007-1778993
City State Zip Code PROSPECT HTS IL 60070	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.84	

Full Name (Last, First, Middle Initial) C. HANS H METZINGER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 407 E. CLAIRE LANE		Transaction ID: A2007-1824873
City State Zip Code PROSPECT HTS IL 60070	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.19	

SUBTOTAL of Receipts This Page (optional)	▶	72.47
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 158 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN W MICHELI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1328 FOREVER AVE		Transaction ID: A2007-1778767
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.24
Name of Employer Allstate Insurance Company	Occupation AVP-ENCOMPASS FINANCE & D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.79	

Full Name (Last, First, Middle Initial) B. JOHN W MICHELI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1328 FOREVER AVE		Transaction ID: A2007-1824874
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.24
Name of Employer Allstate Insurance Company	Occupation AVP-ENCOMPASS FINANCE & D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.03	

Full Name (Last, First, Middle Initial) C. JACK C MIGDAL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4240 FOREST GLEN DRIVE		Transaction ID: A2007-1778783
City HOFFMAN ESTATES	State IL	Zip Code 60195
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35	

SUBTOTAL of Receipts This Page (optional)	▶	42.83
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 306
	<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. JACK C MIGDAL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4240 FOREST GLEN DRIVE		Transaction ID: A2007-1824875
City	State	Zip Code
HOFFMAN ESTATES	IL	60195
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70	

Full Name (Last, First, Middle Initial) B. FREDERICK J MILLER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6975 MEADOW POINT TER		Transaction ID: A2007-1778887
City	State	Zip Code
NEW MARKET	MD	21774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.76
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.51	

Full Name (Last, First, Middle Initial) C. FREDERICK J MILLER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 6975 MEADOW POINT TER		Transaction ID: A2007-1824876
City	State	Zip Code
NEW MARKET	MD	21774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.76
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.27	

SUBTOTAL of Receipts This Page (optional)	▶	61.87
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STEVEN M MILLER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1625 THORNEAPPLE LANE		Transaction ID: A2007-1779055	
City State Zip Code ALGONQUIN IL 60102	Amount of Each Receipt this Period 20.87		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.88		

Full Name (Last, First, Middle Initial) B. STEVEN M MILLER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1625 THORNEAPPLE LANE		Transaction ID: A2007-1824877	
City State Zip Code ALGONQUIN IL 60102	Amount of Each Receipt this Period 20.87		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.75		

Full Name (Last, First, Middle Initial) C. CHRISTINE K MINER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 25264 MCINTYRE SQUARE		Transaction ID: A2007-1778860	
City State Zip Code SOUTH RIDING VA 20152	Amount of Each Receipt this Period 24.15		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80		

SUBTOTAL of Receipts This Page (optional) ▶	65.89
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CHRISTINE K MINER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 25264 MCINTYRE SQUARE		Transaction ID: A2007-1824878	
City State Zip Code SOUTH RIDING VA 20152		Amount of Each Receipt this Period 24.15	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 523.95	

Full Name (Last, First, Middle Initial) B. APRIL A MINKUS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1132 GREENTREE ST.		Transaction ID: A2007-1778986	
City State Zip Code DEERFIELD IL 60015		Amount of Each Receipt this Period 15.18	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 316.18	

Full Name (Last, First, Middle Initial) C. APRIL A MINKUS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1132 GREENTREE ST.		Transaction ID: A2007-1824879	
City State Zip Code DEERFIELD IL 60015		Amount of Each Receipt this Period 15.18	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 331.36	

SUBTOTAL of Receipts This Page (optional) ▶	54.51
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 306
	<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. Full Name (Last, First, Middle Initial)
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company Occupation Underwriting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 832.87

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778747

Amount of Each Receipt this Period
39.67

B. Full Name (Last, First, Middle Initial)
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company Occupation Underwriting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 872.54

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824880

Amount of Each Receipt this Period
39.67

C. Full Name (Last, First, Middle Initial)
ALLISON MISQUEZ

Mailing Address 4449 ORIOLE CT

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779157

Amount of Each Receipt this Period
13.51

SUBTOTAL of Receipts This Page (optional)	▶	92.85
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 163 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ALLISON MISQUEZ		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4449 ORIOLE CT		Transaction ID: A2007-1824881
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 13.51
Name of Employer Allstate Insurance Company	Occupation Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.62	

Full Name (Last, First, Middle Initial) B. ALLISON L MOE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 215 Brampton Lane		Transaction ID: A2007-1778963
City State Zip Code Lake Forest IL 60045	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.50
Name of Employer Allstate Insurance Company	Occupation Senior Field Operations M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.31	

Full Name (Last, First, Middle Initial) C. ALLISON L MOE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 215 Brampton Lane		Transaction ID: A2007-1824882
City State Zip Code Lake Forest IL 60045	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.50
Name of Employer Allstate Insurance Company	Occupation Senior Field Operations M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.81	

SUBTOTAL of Receipts This Page (optional)	▶	42.51
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LAWRENCE P MOEWS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 740 W. JENNIFER CT.		Transaction ID: A2007-1778930	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 49.41		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Investor R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.29		

Full Name (Last, First, Middle Initial) B. LAWRENCE P MOEWS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 740 W. JENNIFER CT.		Transaction ID: A2007-1824883	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 49.41		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Investor R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1074.70		

Full Name (Last, First, Middle Initial) C. MARCIE E MOLEK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 400 KEVIN LANE		Transaction ID: A2007-1778944	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 21.45		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.55		

SUBTOTAL of Receipts This Page (optional) ▶	120.27
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MARCIE E MOLEK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 400 KEVIN LANE		Transaction ID: A2007-1824884	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 21.45		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 467.00		

Full Name (Last, First, Middle Initial) B. SHARON L MOLLER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 19702 88TH AVE W		Transaction ID: A2007-1779153	
City State Zip Code EDMONDS WA 98026	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35		

Full Name (Last, First, Middle Initial) C. SHARON L MOLLER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 19702 88TH AVE W		Transaction ID: A2007-1824885	
City State Zip Code EDMONDS WA 98026	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70		

SUBTOTAL of Receipts This Page (optional) ▶	54.15
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 166 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778821

Amount of Each Receipt this Period
48.63

B. Full Name (Last, First, Middle Initial)
EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1059.99

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824886

Amount of Each Receipt this Period
48.63

C. Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 826.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779030

Amount of Each Receipt this Period
39.76

SUBTOTAL of Receipts This Page (optional)	137.02
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 306
	<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. Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 866.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824887

Amount of Each Receipt this Period
39.76

B. Full Name (Last, First, Middle Initial)
J R MOSELEY III

Mailing Address 1808 N CASCADE DRIVE

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778844

Amount of Each Receipt this Period
14.14

C. Full Name (Last, First, Middle Initial)
J R MOSELEY III

Mailing Address 1808 N CASCADE DRIVE

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.73

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824888

Amount of Each Receipt this Period
14.14

SUBTOTAL of Receipts This Page (optional)	▶	68.04
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LARRY E MOSER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 611 W. BURNING TREE LANE		Transaction ID: A2007-1778937
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 28.35	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Sales Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.95	

Full Name (Last, First, Middle Initial) B. LARRY E MOSER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 611 W. BURNING TREE LANE		Transaction ID: A2007-1824889
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 28.35	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Sales Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.30	

Full Name (Last, First, Middle Initial) C. MEGHAN O MULVIHILL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-1778828
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 31.14	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 613.36	

SUBTOTAL of Receipts This Page (optional) ▶	87.84
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 169 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MEGHAN O MULVIHILL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-1824891	
City NORTHBROOK	State IL	Amount of Each Receipt this Period 31.14	
Zip Code 60062		FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 644.50		

Full Name (Last, First, Middle Initial) B. MICHAEL F MULVIHILL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-1778923	
City NORTHBROOK	State IL	Amount of Each Receipt this Period 36.84	
Zip Code 60062		FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.74		

Full Name (Last, First, Middle Initial) C. MICHAEL F MULVIHILL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-1824892	
City NORTHBROOK	State IL	Amount of Each Receipt this Period 36.84	
Zip Code 60062		FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 802.58		

SUBTOTAL of Receipts This Page (optional) ▶	104.82
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 306
	<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. Full Name (Last, First, Middle Initial)
MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 834.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779109

Amount of Each Receipt this Period
39.76

B. Full Name (Last, First, Middle Initial)
MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 874.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824893

Amount of Each Receipt this Period
39.76

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

Mailing Address 2333 CENTRAL ST #101

City State Zip Code
EVANSTON IL 60201

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

Name of Employer Allstate Insurance Company Occupation Senior Tax Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779099

Amount of Each Receipt this Period
15.69

SUBTOTAL of Receipts This Page (optional)	▶	95.21
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 171 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LINDA MYERS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2333 CENTRAL ST #101		Transaction ID: A2007-1824895	
City State Zip Code EVANSTON IL 60201		Amount of Each Receipt this Period 15.69	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Senior Tax Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.88	

Full Name (Last, First, Middle Initial) B. DAVID G NADIG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2950 LAKE PLACID		Transaction ID: A2007-1779049	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 48.54	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1003.17	

Full Name (Last, First, Middle Initial) C. DAVID G NADIG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2950 LAKE PLACID		Transaction ID: A2007-1824897	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 48.54	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1051.71	

SUBTOTAL of Receipts This Page (optional) ▶	112.77
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 172 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BRIAN J NAGEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1211 AIMTREE		Transaction ID: A2007-1778953	
City SCHAUMBURG	State IL	Amount of Each Receipt this Period 37.21	
Zip Code 60194		Transaction ID: A2007-1778953	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.21	
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.11		

Full Name (Last, First, Middle Initial) B. BRIAN J NAGEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1211 AIMTREE		Transaction ID: A2007-1824898	
City SCHAUMBURG	State IL	Amount of Each Receipt this Period 37.21	
Zip Code 60194		Transaction ID: A2007-1824898	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.21	
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 812.32		

Full Name (Last, First, Middle Initial) C. JOAN M NAUGHTON-GERDES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 650 MALIBOU		Transaction ID: A2007-1779028	
City PALATINE	State IL	Amount of Each Receipt this Period 19.26	
Zip Code 60074		Transaction ID: A2007-1779028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.26	
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.46		

SUBTOTAL of Receipts This Page (optional) ▶	93.68
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOAN M NAUGHTON-GERDES		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 650 MALIBOU		Transaction ID: A2007-1824899
City PALATINE	State IL	Zip Code 60074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.26
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.72	

Full Name (Last, First, Middle Initial) B. DANIEL C NECASTRO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 22622 N. LINDEN DR		Transaction ID: A2007-1778909
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.80
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2255.54	

Full Name (Last, First, Middle Initial) C. DANIEL C NECASTRO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 22622 N. LINDEN DR		Transaction ID: A2007-1824900
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.80
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2364.34	

SUBTOTAL of Receipts This Page (optional)	236.86
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JEANNIE M NEWMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 9969 LONGVIEW DRIVE		Transaction ID: A2007-1779139
City State Zip Code LITTLETON CO 80124		Amount of Each Receipt this Period 17.91
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.11	

Full Name (Last, First, Middle Initial) B. JEANNIE M NEWMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 9969 LONGVIEW DRIVE		Transaction ID: A2007-1824901
City State Zip Code LITTLETON CO 80124		Amount of Each Receipt this Period 17.91
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.02	

Full Name (Last, First, Middle Initial) C. PATRICK K NOLL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 22451 THORNBURY CT		Transaction ID: A2007-1779110
City State Zip Code DEER PARK IL 60010		Amount of Each Receipt this Period 22.86
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.43	

SUBTOTAL of Receipts This Page (optional)	▶	58.68
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PATRICK K NOLL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 22451 THORNBURY CT		Transaction ID: A2007-1824902	
City State Zip Code DEER PARK IL 60010	Amount of Each Receipt this Period 22.86		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.29		

Full Name (Last, First, Middle Initial) B. THOMAS R NORTON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1423 PIONEER COURT		Transaction ID: A2007-1779043	
City State Zip Code WAUKEGAN IL 60085	Amount of Each Receipt this Period 29.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.30		

Full Name (Last, First, Middle Initial) C. THOMAS R NORTON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1423 PIONEER COURT		Transaction ID: A2007-1824903	
City State Zip Code WAUKEGAN IL 60085	Amount of Each Receipt this Period 29.30		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.60		

SUBTOTAL of Receipts This Page (optional) ▶	81.46
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RICHARD C O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 574 S. COUNTRY RIDGE		Transaction ID: A2007-1778900
City State Zip Code LAKE ZURICH IL 60047		Amount of Each Receipt this Period 18.52
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.92	

Full Name (Last, First, Middle Initial) B. RICHARD C O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 574 S. COUNTRY RIDGE		Transaction ID: A2007-1824904
City State Zip Code LAKE ZURICH IL 60047		Amount of Each Receipt this Period 18.52
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.44	

Full Name (Last, First, Middle Initial) C. JOHN O'MALLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1816 ASPEN LANE		Transaction ID: A2007-1779020
City State Zip Code MOUNT PROSPECT IL 60056		Amount of Each Receipt this Period 16.35
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.95	

SUBTOTAL of Receipts This Page (optional) ▶	53.39
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 177 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code
MOUNT PROSPECT IL 60056

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
358.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824908

Amount of Each Receipt this Period
16.35

B. Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation Agency Consulting Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778782

Amount of Each Receipt this Period
25.76

C. Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation Agency Consulting Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824910

Amount of Each Receipt this Period
25.76

SUBTOTAL of Receipts This Page (optional)	▶	67.87
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 306
	<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. ROGER D ODLE II		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5170 BARCROFT DRIVE		Transaction ID: A2007-1779017	
City State Zip Code HOFFMAN ESTATES IL 60010		Amount of Each Receipt this Period 33.28	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 685.88	

Full Name (Last, First, Middle Initial) B. ROGER D ODLE II		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 5170 BARCROFT DRIVE		Transaction ID: A2007-1824905	
City State Zip Code HOFFMAN ESTATES IL 60010		Amount of Each Receipt this Period 33.28	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 719.16	

Full Name (Last, First, Middle Initial) C. KATHY A OLCESE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 35 YORK ST		Transaction ID: A2007-1778889	
City State Zip Code HUDSON OH 44236		Amount of Each Receipt this Period 23.66	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Risk Management Busin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 492.87	

SUBTOTAL of Receipts This Page (optional) ▶	90.22
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 179 / 306
(check 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. Full Name (Last, First, Middle Initial)
KATHY A OLCESE

Mailing Address 35 YORK ST

City HUDSON State OH Zip Code 44236

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

Name of Employer Allstate Insurance Company Occupation AVP Risk Management Busin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824906

Amount of Each Receipt this Period
23.66

B. Full Name (Last, First, Middle Initial)
CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City CHICAGO State IL Zip Code 60614

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 706.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779084

Amount of Each Receipt this Period
34.02

C. Full Name (Last, First, Middle Initial)
CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City CHICAGO State IL Zip Code 60614

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824907

Amount of Each Receipt this Period
34.02

SUBTOTAL of Receipts This Page (optional) ► 91.70

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 180 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JAMES L OSBORNE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1224 ST. WILLIAM		Transaction ID: A2007-1779100
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.62
Name of Employer Allstate Insurance Company	Occupation Vice President Procuremen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1349.70	

Full Name (Last, First, Middle Initial) B. JAMES L OSBORNE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1224 ST. WILLIAM		Transaction ID: A2007-1824909
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.62
Name of Employer Allstate Insurance Company	Occupation Vice President Procuremen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1414.32	

Full Name (Last, First, Middle Initial) C. PAMELA J OVERTON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 9352 ANSLEY LANE		Transaction ID: A2007-1778866
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.79
Name of Employer Allstate Insurance Company	Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 745.54	

SUBTOTAL of Receipts This Page (optional)	165.03
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 181 / 306						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PAMELA J OVERTON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 9352 ANSLEY LANE		Transaction ID: A2007-1824912	
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 35.79		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Field Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 781.33		

Full Name (Last, First, Middle Initial) B. ALAN D PAGE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 13530 LUCKY LAKE DRIVE		Transaction ID: A2007-1779165	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 36.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.24		

Full Name (Last, First, Middle Initial) C. ALAN D PAGE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 13530 LUCKY LAKE DRIVE		Transaction ID: A2007-1824913	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 36.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 787.59		

SUBTOTAL of Receipts This Page (optional) ▶	108.49
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DEAN T PAPPAS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3406 VICEROY COURT		Transaction ID: A2007-1778823
City State Zip Code EDGEWATER MD 21037	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 854.96	

Full Name (Last, First, Middle Initial) B. DEAN T PAPPAS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 3406 VICEROY COURT		Transaction ID: A2007-1824914
City State Zip Code EDGEWATER MD 21037	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 894.73	

Full Name (Last, First, Middle Initial) C. ROBERT L PARK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1107 BONITA DRIVE		Transaction ID: A2007-1779018
City State Zip Code PARK RIDGE IL 60068	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 52.51
Name of Employer Allstate Insurance Company	Occupation AVP Public Relations Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

SUBTOTAL of Receipts This Page (optional)	▶	132.05
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT L PARK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1107 BONITA DRIVE		Transaction ID: A2007-1824915	
City State Zip Code PARK RIDGE IL 60068	Amount of Each Receipt this Period 52.51		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Public Relations Mana		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1144.51		

Full Name (Last, First, Middle Initial) B. ROGER D PARKER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1305 N MAIDSTONE		Transaction ID: A2007-1779161	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 47.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 992.11		

Full Name (Last, First, Middle Initial) C. ROGER D PARKER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1305 N MAIDSTONE		Transaction ID: A2007-1824916	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 47.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1039.89		

SUBTOTAL of Receipts This Page (optional) ▶	148.07
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 306
	<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. MAYUR M PATEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 742 E PARKVIEW CT		Transaction ID: A2007-1778955	
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 30.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 629.73		

Full Name (Last, First, Middle Initial) B. MAYUR M PATEL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 742 E PARKVIEW CT		Transaction ID: A2007-1824917	
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 30.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.06		

Full Name (Last, First, Middle Initial) C. CHARLES PAUL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 301 CAMELOT LANE		Transaction ID: A2007-1778809	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 71.54		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Stra		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.11		

SUBTOTAL of Receipts This Page (optional) ▶	132.20
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 185 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CHARLES PAUL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 301 CAMELOT LANE		Transaction ID: A2007-1824918	
City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 71.54
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Stra		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1570.65		

Full Name (Last, First, Middle Initial) B. RONALD J PEPPING		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 934 LEWIS PLACE		Transaction ID: A2007-1778994	
City GENEVA	State IL	Zip Code 60134	Amount of Each Receipt this Period 29.57
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Ivantage Financial Manage		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.27		

Full Name (Last, First, Middle Initial) C. RONALD J PEPPING		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 934 LEWIS PLACE		Transaction ID: A2007-1824919	
City GENEVA	State IL	Zip Code 60134	Amount of Each Receipt this Period 29.57
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Ivantage Financial Manage		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 644.84		

SUBTOTAL of Receipts This Page (optional) ▶	130.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 186 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 983.85

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778771

Amount of Each Receipt this Period
47.43

B. Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824920

Amount of Each Receipt this Period
47.43

C. Full Name (Last, First, Middle Initial)
NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code
ROCKFORD IL 61114

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 362.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779016

Amount of Each Receipt this Period
17.44

SUBTOTAL of Receipts This Page (optional)	▶	112.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 187 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. NANCY A PERRY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3575 CALDERWOOD DR		Transaction ID: A2007-1824921	
City State Zip Code ROCKFORD IL 61114	Amount of Each Receipt this Period 17.44		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.73		

Full Name (Last, First, Middle Initial) B. Thomas Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2756 Breckenridge Lane		Transaction ID: A2007-1824922	
City State Zip Code Naperville IL 60565	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. JUDITH M PETRAY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 539 KELMORE ST		Transaction ID: A2007-1778745	
City State Zip Code MOSS BEACH CA 94038	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Managing Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35		

SUBTOTAL of Receipts This Page (optional) ▶	63.79
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JUDITH M PETRAY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 539 KELMORE ST		Transaction ID: A2007-1824923	
City State Zip Code MOSS BEACH CA 94038	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Managing Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70		

Full Name (Last, First, Middle Initial) B. STEVEN A PETTI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 580 SALCEDA DR		Transaction ID: A2007-1778770	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 48.84		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Property & Casualty F		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.09		

Full Name (Last, First, Middle Initial) C. STEVEN A PETTI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 580 SALCEDA DR		Transaction ID: A2007-1824924	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 48.84		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Property & Casualty F		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.93		

SUBTOTAL of Receipts This Page (optional) ▶	114.03
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN C PINTOZZI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2116 W CHURCHILL ST		Transaction ID: A2007-1778908	
City State Zip Code CHICAGO IL 60647	Amount of Each Receipt this Period 65.52		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Finance -		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1356.18		

Full Name (Last, First, Middle Initial) B. JOHN C PINTOZZI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2116 W CHURCHILL ST		Transaction ID: A2007-1824925	
City State Zip Code CHICAGO IL 60647	Amount of Each Receipt this Period 65.52		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Finance -		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1421.70		

Full Name (Last, First, Middle Initial) C. RICHARD E PORTER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 20827 36TH PL W		Transaction ID: A2007-1779152	
City State Zip Code LYNNWOOD WA 98036	Amount of Each Receipt this Period 10.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Staff Claims Service Adju		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.93		

SUBTOTAL of Receipts This Page (optional) ▶	141.37
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RICHARD E PORTER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 20827 36TH PL W		Transaction ID: A2007-1824926	
City State Zip Code LYNNWOOD WA 98036	Amount of Each Receipt this Period 10.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Staff Claims Service Adju		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.26		

Full Name (Last, First, Middle Initial) B. DAVID J PRENDERGAST		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2816 HAVEN LANE		Transaction ID: A2007-1778763	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 39.44		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 793.44		

Full Name (Last, First, Middle Initial) C. DAVID J PRENDERGAST		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2816 HAVEN LANE		Transaction ID: A2007-1824927	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 39.44		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.88		

SUBTOTAL of Receipts This Page (optional) ▶	89.21
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 306
	<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. MARTIN PRZYGODA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 17516 KATIE COURT		Transaction ID: A2007-1778920	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 27.71	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Finance and Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.40	

Full Name (Last, First, Middle Initial) B. MARTIN PRZYGODA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 17516 KATIE COURT		Transaction ID: A2007-1824928	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 27.71	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Finance and Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 603.11	

Full Name (Last, First, Middle Initial) C. THOMAS G PURTELL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 22663 CHESHIRE COURT		Transaction ID: A2007-1779046	
City State Zip Code DEER PARK IL 60010		Amount of Each Receipt this Period 21.60	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 447.50	

SUBTOTAL of Receipts This Page (optional) ▶	77.02
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 306
	<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. Full Name (Last, First, Middle Initial)
THOMAS G PURTELL

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 Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 469.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824929

Amount of Each Receipt this Period
 21.60

B. Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City ARLINGTON HGTS State IL Zip Code 60005

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

Name of Employer Allstate Insurance Company Occupation Senior Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.06

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779172

Amount of Each Receipt this Period
 29.46

C. Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City ARLINGTON HGTS State IL Zip Code 60005

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

Name of Employer Allstate Insurance Company Occupation Senior Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 644.52

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824930

Amount of Each Receipt this Period
 29.46

SUBTOTAL of Receipts This Page (optional)	▶	80.52
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 193 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOSEPH P RATH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 359 STAFFORD COURT		Transaction ID: A2007-1778878
City State Zip Code LAKE FOREST IL 60045	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 56.17
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.62	

Full Name (Last, First, Middle Initial) B. JOSEPH P RATH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 359 STAFFORD COURT		Transaction ID: A2007-1824931
City State Zip Code LAKE FOREST IL 60045	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 56.17
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1222.79	

Full Name (Last, First, Middle Initial) C. JOHN B REARDON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 441 KELLY LANE		Transaction ID: A2007-1778749
City State Zip Code CRYSTAL LAKE IL 60012	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.75
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 852.40	

SUBTOTAL of Receipts This Page (optional)	153.09
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN B REARDON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 441 KELLY LANE		Transaction ID: A2007-1824932	
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 40.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 893.15		

Full Name (Last, First, Middle Initial) B. KEVIN P RICE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 703 ETON COURT		Transaction ID: A2007-1778965	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 34.79		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Planning Con		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.11		

Full Name (Last, First, Middle Initial) C. KEVIN P RICE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 703 ETON COURT		Transaction ID: A2007-1824936	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 34.79		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Planning Con		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.90		

SUBTOTAL of Receipts This Page (optional) ▶	110.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BRIAN R RICHARD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 37 JOSEPH PLACE		Transaction ID: A2007-1778740	
City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 23.56		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.60		

Full Name (Last, First, Middle Initial) B. BRIAN R RICHARD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 37 JOSEPH PLACE		Transaction ID: A2007-1824937	
City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 23.56		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.16		

Full Name (Last, First, Middle Initial) C. JOSEPH J RICHARDSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1411 PARSONS LANE		Transaction ID: A2007-1778812	
City State Zip Code LOWER GWYNEDD PA 19002	Amount of Each Receipt this Period 69.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1416.18		

SUBTOTAL of Receipts This Page (optional) ▶	116.35
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 196 / 306						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOSEPH J RICHARDSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1411 PARSONS LANE		Transaction ID: A2007-1824938
City State Zip Code LOWER GWYNEDD PA 19002	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 69.23
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.41	

Full Name (Last, First, Middle Initial) B. ROBIN R RICHMOND		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 9 HAWTHORN GROVE CIRCLE		Transaction ID: A2007-1779039
City State Zip Code HAWTHORN WOODS IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.54
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.32	

Full Name (Last, First, Middle Initial) C. ROBIN R RICHMOND		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 9 HAWTHORN GROVE CIRCLE		Transaction ID: A2007-1824939
City State Zip Code HAWTHORN WOODS IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.54
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.86	

SUBTOTAL of Receipts This Page (optional)	120.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 197 / 306
(check 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. Full Name (Last, First, Middle Initial)
ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Homeowner Initiative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 977.83

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778817

Amount of Each Receipt this Period
47.17

B. Full Name (Last, First, Middle Initial)
ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Homeowner Initiative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1025.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824940

Amount of Each Receipt this Period
47.17

C. Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 793.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779105

Amount of Each Receipt this Period
80.77

SUBTOTAL of Receipts This Page (optional) ► **175.11**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 306
	<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. Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 873.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824941

Amount of Each Receipt this Period
80.77

B. Full Name (Last, First, Middle Initial)
JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 573.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779170

Amount of Each Receipt this Period
6.75

C. Full Name (Last, First, Middle Initial)
JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824942

Amount of Each Receipt this Period
6.75

SUBTOTAL of Receipts This Page (optional)	▶	94.27
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 199 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MARIO RIZZO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5926 W. 90TH PLACE		Transaction ID: A2007-1778969	
City State Zip Code OAK LAWN IL 60453	Amount of Each Receipt this Period 40.41		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Property & Casualty F		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.84		

Full Name (Last, First, Middle Initial) B. MARIO RIZZO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 5926 W. 90TH PLACE		Transaction ID: A2007-1824943	
City State Zip Code OAK LAWN IL 60453	Amount of Each Receipt this Period 40.41		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Property & Casualty F		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.25		

Full Name (Last, First, Middle Initial) C. CLAY F ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3075 Sanders Road Suite G2E		Transaction ID: A2007-1779162	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 34.53		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 722.58		

SUBTOTAL of Receipts This Page (optional) ▶	115.35
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 / 306
	<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. CLAY F ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 3075 Sanders Road Suite G2E		Transaction ID: A2007-1824944
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 34.53	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 757.11	

Full Name (Last, First, Middle Initial) B. DANIEL P ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4374 W Anderson Rd		Transaction ID: A2007-1778806
City State Zip Code South Euclid OH 44121	Amount of Each Receipt this Period 21.07	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.37	

Full Name (Last, First, Middle Initial) C. DANIEL P ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4374 W Anderson Rd		Transaction ID: A2007-1824945
City State Zip Code South Euclid OH 44121	Amount of Each Receipt this Period 21.07	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.44	

SUBTOTAL of Receipts This Page (optional) ▶	76.67
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL J ROCHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 270 KINGSWAY DRIVE		Transaction ID: A2007-1778984	
City State Zip Code AURORA IL 60506		Amount of Each Receipt this Period 93.92	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation SVP-PROTECTION TECH & ADM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1033.12	

Full Name (Last, First, Middle Initial) B. MICHAEL J ROCHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 270 KINGSWAY DRIVE		Transaction ID: A2007-1824947	
City State Zip Code AURORA IL 60506		Amount of Each Receipt this Period 93.92	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation SVP-PROTECTION TECH & ADM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1127.04	

Full Name (Last, First, Middle Initial) C. GREGORY C ROHLFING		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 106 ASHLAND		Transaction ID: A2007-1778903	
City State Zip Code RIVER FOREST IL 60305		Amount of Each Receipt this Period 39.77	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 835.17	

SUBTOTAL of Receipts This Page (optional) ▶	227.61
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. GREGORY C ROHLFING		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 106 ASHLAND		Transaction ID: A2007-1824948
City State Zip Code RIVER FOREST IL 60305	Amount of Each Receipt this Period 39.77	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.94	

Full Name (Last, First, Middle Initial) B. DONNA J ROSEMEYER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 810 S THURLOW STREET		Transaction ID: A2007-1778978
City State Zip Code HINSDALE IL 60521	Amount of Each Receipt this Period 28.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.17	

Full Name (Last, First, Middle Initial) C. DONNA J ROSEMEYER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 810 S THURLOW STREET		Transaction ID: A2007-1824949
City State Zip Code HINSDALE IL 60521	Amount of Each Receipt this Period 28.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 622.71	

SUBTOTAL of Receipts This Page (optional) ▶	96.85
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 / 306
	<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. Full Name (Last, First, Middle Initial)
JACQUELINE A ROTHE

Mailing Address 4763 WELLINGTON DRIVE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 342.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779167

Amount of Each Receipt this Period
16.35

B. Full Name (Last, First, Middle Initial)
JACQUELINE A ROTHE

Mailing Address 4763 WELLINGTON DRIVE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824950

Amount of Each Receipt this Period
16.35

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

Mailing Address 25 CRESTVIEW TERRACE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779117

Amount of Each Receipt this Period
13.51

SUBTOTAL of Receipts This Page (optional) ► 46.21

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DONALD L RUDD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 25 CRESTVIEW TERRACE		Transaction ID: A2007-1824951	
City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 13.51		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.52		

Full Name (Last, First, Middle Initial) B. GEORGE E RUEBENSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 29 FOX TR		Transaction ID: A2007-1779035	
City State Zip Code LINCOLNSHIRE IL 60069	Amount of Each Receipt this Period 144.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP-P-CCSO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2664.75		

Full Name (Last, First, Middle Initial) C. GEORGE E RUEBENSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 29 FOX TR		Transaction ID: A2007-1824952	
City State Zip Code LINCOLNSHIRE IL 60069	Amount of Each Receipt this Period 144.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP-P-CCSO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2808.98		

SUBTOTAL of Receipts This Page (optional) ▶	301.97
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 205 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CASSANDRA C RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2483 Titans Lane		Transaction ID: A2007-1779090
City Nashville	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.43
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.83	

Full Name (Last, First, Middle Initial) B. CASSANDRA C RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2483 Titans Lane		Transaction ID: A2007-1824953
City Nashville	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.43
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.26	

Full Name (Last, First, Middle Initial) C. DOREEN M RYAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 17 ALSTON COURT		Transaction ID: A2007-1778801
City RED BANK	State NJ	Zip Code 07701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.80
Name of Employer Allstate Insurance Company	Occupation Managing Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.80	

SUBTOTAL of Receipts This Page (optional)	▶	44.66
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 206 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DOREEN M RYAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 17 ALSTON COURT		Transaction ID: A2007-1824954	
City State Zip Code RED BANK NJ 07701	Amount of Each Receipt this Period 21.80		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Managing Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.60		

Full Name (Last, First, Middle Initial) B. PAUL R RYSKE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 898 E. LONGWOOD DR.		Transaction ID: A2007-1778901	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.52		

Full Name (Last, First, Middle Initial) C. PAUL R RYSKE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 898 E. LONGWOOD DR.		Transaction ID: A2007-1824955	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.40		

SUBTOTAL of Receipts This Page (optional) ▶	61.56
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 207 / 306
(check 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. Full Name (Last, First, Middle Initial)
PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City State Zip Code
LISLE IL 60532

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 254.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779061

Amount of Each Receipt this Period
12.19

B. Full Name (Last, First, Middle Initial)
PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City State Zip Code
LISLE IL 60532

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 266.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824957

Amount of Each Receipt this Period
12.19

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

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 562.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778880

Amount of Each Receipt this Period
28.28

SUBTOTAL of Receipts This Page (optional) ► **52.66**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 208 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 590.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824958

Amount of Each Receipt this Period
28.28

B. Full Name (Last, First, Middle Initial)
PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 598.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779021

Amount of Each Receipt this Period
28.77

C. Full Name (Last, First, Middle Initial)
PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 627.39

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824959

Amount of Each Receipt this Period
28.77

SUBTOTAL of Receipts This Page (optional)	▶	85.82
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 209 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP HR Shared Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.97

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778803

Amount of Each Receipt this Period
50.37

B. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP HR Shared Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1091.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824960

Amount of Each Receipt this Period
50.37

C. Full Name (Last, First, Middle Initial)
DALE J SCHUELLER

Mailing Address 2941 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Field Administration Dire

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779115

Amount of Each Receipt this Period
16.05

SUBTOTAL of Receipts This Page (optional)	▶	116.79
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 210 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DALE J SCHUELLER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2941 GLENARYE DRIVE		Transaction ID: A2007-1824961	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 16.05	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Field Administration Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 348.65	

Full Name (Last, First, Middle Initial) B. DAVID I SCHUR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1216 SANDHURST DRIVE		Transaction ID: A2007-1778950	
City State Zip Code BUFFALO GROVE IL 60089		Amount of Each Receipt this Period 22.98	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.43	

Full Name (Last, First, Middle Initial) C. DAVID I SCHUR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1216 SANDHURST DRIVE		Transaction ID: A2007-1824962	
City State Zip Code BUFFALO GROVE IL 60089		Amount of Each Receipt this Period 22.98	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 501.41	

SUBTOTAL of Receipts This Page (optional) ▶	62.01
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MICHAEL D SCHUSTER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 526 LANGE COURT		Transaction ID: A2007-1779150	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 18.05		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.74		

Full Name (Last, First, Middle Initial) B. MICHAEL D SCHUSTER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 526 LANGE COURT		Transaction ID: A2007-1824963	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 18.05		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.79		

Full Name (Last, First, Middle Initial) C. DAVID J SCHWARTZER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1911 205TH PL NE		Transaction ID: A2007-1779074	
City State Zip Code SAMMAMISH WA 98074	Amount of Each Receipt this Period 46.15		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 932.85		

SUBTOTAL of Receipts This Page (optional) ▶	82.25
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 212 / 306
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City State Zip Code
SAMMAMISH WA 98074

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 979.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824964

Amount of Each Receipt this Period
46.15

B. Full Name (Last, First, Middle Initial)
ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778779

Amount of Each Receipt this Period
16.35

C. Full Name (Last, First, Middle Initial)
ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824965

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional)	▶	78.85
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 306
	<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. Full Name (Last, First, Middle Initial)
DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code
LUBBOCK TX 79424

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 497.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779103

Amount of Each Receipt this Period
23.86

B. Full Name (Last, First, Middle Initial)
DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code
LUBBOCK TX 79424

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 521.42

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824966

Amount of Each Receipt this Period
23.86

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

Mailing Address 2 E. Erie #1506

City State Zip Code
Chicago IL 60611

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 658.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779010

Amount of Each Receipt this Period
33.46

SUBTOTAL of Receipts This Page (optional)	81.18
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STACY Y SHARPE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2 E. Erie #1506		Transaction ID: A2007-1824967	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 33.46		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Communication Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.44		

Full Name (Last, First, Middle Initial) B. STEVEN E SHEBIK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 517 ROBINWOOD LANE		Transaction ID: A2007-1778977	
City State Zip Code WHEATON IL 60187	Amount of Each Receipt this Period 78.74		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Property/C		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1635.41		

Full Name (Last, First, Middle Initial) C. STEVEN E SHEBIK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 517 ROBINWOOD LANE		Transaction ID: A2007-1824968	
City State Zip Code WHEATON IL 60187	Amount of Each Receipt this Period 78.74		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Property/C		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1714.15		

SUBTOTAL of Receipts This Page (optional) ▶	190.94
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STEVEN R SHEFFEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 839 SUMAC		Transaction ID: A2007-1778896
City HIGHLAND PARK	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.18	

Full Name (Last, First, Middle Initial) B. STEVEN R SHEFFEY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 839 SUMAC		Transaction ID: A2007-1824969
City HIGHLAND PARK	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.06	

Full Name (Last, First, Middle Initial) C. JOHN M SHUMATE III		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 40096 NORTH GOLDENROD LANE		Transaction ID: A2007-1778832
City WADSWORTH	State IL	Zip Code 60083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6.63
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.68	

SUBTOTAL of Receipts This Page (optional)	▶	46.39
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 216 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN M SHUMATE III		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 40096 NORTH GOLDENROD LANE		Transaction ID: A2007-1824970
City WADSWORTH	State IL	Zip Code 60083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6.63
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.31	

Full Name (Last, First, Middle Initial) B. DENIS C SHUNTA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5200 RIDGEGATE WAY		Transaction ID: A2007-1779058
City FAIR OAKS	State CA	Zip Code 95628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.80
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.60	

Full Name (Last, First, Middle Initial) C. DENIS C SHUNTA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5200 RIDGEGATE WAY		Transaction ID: A2007-1824971
City FAIR OAKS	State CA	Zip Code 95628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.80
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.40	

SUBTOTAL of Receipts This Page (optional)	50.23
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT L SIMMONS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 418 DEUCE DRIVE		Transaction ID: A2007-1778793	
City State Zip Code WALL NJ 07719	Amount of Each Receipt this Period 28.57		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.47		

Full Name (Last, First, Middle Initial) B. ROBERT L SIMMONS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 418 DEUCE DRIVE		Transaction ID: A2007-1824972	
City State Zip Code WALL NJ 07719	Amount of Each Receipt this Period 28.57		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.04		

Full Name (Last, First, Middle Initial) C. KIMBALL S SIMON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 11 WEHRHEIM		Transaction ID: A2007-1779131	
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 36.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 754.74		

SUBTOTAL of Receipts This Page (optional) ▶	93.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 218 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KIMBALL S SIMON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 11 WEHRHEIM		Transaction ID: A2007-1824973	
City BARRINGTON	State IL	Zip Code 60010	Amount of Each Receipt this Period 36.24
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.98		

Full Name (Last, First, Middle Initial) B. ANNE E SIMPSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 632 ONWENTSIA AVENUE		Transaction ID: A2007-1778906	
City HIGHLAND PARK	State IL	Zip Code 60035	Amount of Each Receipt this Period 26.51
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Tax Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.71		

Full Name (Last, First, Middle Initial) C. ANNE E SIMPSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 632 ONWENTSIA AVENUE		Transaction ID: A2007-1824974	
City HIGHLAND PARK	State IL	Zip Code 60035	Amount of Each Receipt this Period 26.51
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Tax Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.22		

SUBTOTAL of Receipts This Page (optional) ▶	89.26
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 306
	<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. Full Name (Last, First, Middle Initial)
JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
FREDERICK MD 21702

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778861

Amount of Each Receipt this Period
19.95

B. Full Name (Last, First, Middle Initial)
JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
FREDERICK MD 21702

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 436.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824975

Amount of Each Receipt this Period
19.95

C. Full Name (Last, First, Middle Initial)
KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 836.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779019

Amount of Each Receipt this Period
40.20

SUBTOTAL of Receipts This Page (optional)	▶	80.10
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 220 / 306
(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. Full Name (Last, First, Middle Initial)
KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 876.21

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824976

Amount of Each Receipt this Period
40.20

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

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 794.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778999

Amount of Each Receipt this Period
38.35

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

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1824977

Amount of Each Receipt this Period
38.35

SUBTOTAL of Receipts This Page (optional) ► **116.90**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 221 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BENJAMIN M SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1008 CHESAPEAK BLVD		Transaction ID: A2007-1778847	
City State Zip Code GRAYSLAKE IL 60030		Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 343.05	

Full Name (Last, First, Middle Initial) B. BENJAMIN M SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1008 CHESAPEAK BLVD		Transaction ID: A2007-1824978	
City State Zip Code GRAYSLAKE IL 60030		Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 359.40	

Full Name (Last, First, Middle Initial) C. CHARLES M SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 414 E. Burr Oak Dr.		Transaction ID: A2007-1779079	
City State Zip Code Arlington Heights IL 60004		Amount of Each Receipt this Period 30.84	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.99	

SUBTOTAL of Receipts This Page (optional) ▶	63.54
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CHARLES M SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 414 E. Burr Oak Dr.		Transaction ID: A2007-1824979	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 30.84		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 671.83		

Full Name (Last, First, Middle Initial) B. ELIAS SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2751 SW BEAR PAW TRAIL		Transaction ID: A2007-1778799	
City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 22.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.15		

Full Name (Last, First, Middle Initial) C. ELIAS SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2751 SW BEAR PAW TRAIL		Transaction ID: A2007-1824980	
City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 22.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 488.40		

SUBTOTAL of Receipts This Page (optional) ▶	75.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. J E SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 310 WHITMORE LANE		Transaction ID: A2007-1778980
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 58.76	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP Distribution and Chann	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1221.99	

Full Name (Last, First, Middle Initial) B. J E SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 310 WHITMORE LANE		Transaction ID: A2007-1824981
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 58.76	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP Distribution and Chann	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.75	

Full Name (Last, First, Middle Initial) C. KENNETH D SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 619 N HUMPHREY AVE.		Transaction ID: A2007-1779014
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 15.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.04	

SUBTOTAL of Receipts This Page (optional) ▶	132.71
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 224 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KENNETH D SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 619 N HUMPHREY AVE.		Transaction ID: A2007-1824982
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 15.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.23	

Full Name (Last, First, Middle Initial) B. RANDALL D SNITTJER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 11423 E. Blue Sky Drive		Transaction ID: A2007-1779120
City State Zip Code Scottsdale AZ 85262	Amount of Each Receipt this Period 26.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 557.66	

Full Name (Last, First, Middle Initial) C. RANDALL D SNITTJER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 11423 E. Blue Sky Drive		Transaction ID: A2007-1824983
City State Zip Code Scottsdale AZ 85262	Amount of Each Receipt this Period 26.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 584.52	

SUBTOTAL of Receipts This Page (optional) ▶	68.91
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT S SODERLUND		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 53 BRIDLEPATH DRIVE		Transaction ID: A2007-1778746
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 13.84	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.69	

Full Name (Last, First, Middle Initial) B. ROBERT S SODERLUND		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 53 BRIDLEPATH DRIVE		Transaction ID: A2007-1824984
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 13.84	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.53	

Full Name (Last, First, Middle Initial) C. STEVEN P SORENSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 20712 High Ridge Dr		Transaction ID: A2007-1779066
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 75.16	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1557.06	

SUBTOTAL of Receipts This Page (optional) ▶	102.84
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STEVEN P SORENSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 20712 High Ridge Dr		Transaction ID: A2007-1824985	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 75.16		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1632.22		

Full Name (Last, First, Middle Initial) B. KEVIN A SPATARO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1663 SARATOGA LANE		Transaction ID: A2007-1779041	
City State Zip Code GLENVIEW IL 60026	Amount of Each Receipt this Period 26.70		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Account Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.97		

Full Name (Last, First, Middle Initial) C. KEVIN A SPATARO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1663 SARATOGA LANE		Transaction ID: A2007-1824986	
City State Zip Code GLENVIEW IL 60026	Amount of Each Receipt this Period 26.70		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Account Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.67		

SUBTOTAL of Receipts This Page (optional) ▶	128.56
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 227 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. EDWIN M SPECHT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 740 AMBRIA DRIVE		Transaction ID: A2007-1778820
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 34.53	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 717.38	

Full Name (Last, First, Middle Initial) B. EDWIN M SPECHT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 740 AMBRIA DRIVE		Transaction ID: A2007-1824987
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 34.53	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.91	

Full Name (Last, First, Middle Initial) C. JAMES G SPORLEDER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 20 LAKESIDE LANE		Transaction ID: A2007-1779034
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 26.78	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.22	

SUBTOTAL of Receipts This Page (optional) ▶	95.84
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JAMES G SPORLEDER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 20 LAKESIDE LANE		Transaction ID: A2007-1824988
City State Zip Code N. BARRINGTON IL 60010	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 26.78
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.00	

Full Name (Last, First, Middle Initial) B. MARY SPRINGBERG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4745 KINGS WAY - NORTH		Transaction ID: A2007-1778883
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.02
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.21	

Full Name (Last, First, Middle Initial) C. MARY SPRINGBERG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4745 KINGS WAY - NORTH		Transaction ID: A2007-1824989
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.02
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 881.23	

SUBTOTAL of Receipts This Page (optional)	108.82
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STACEY A SPRUNG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 106 E. WHISTLERS BEND CIR.		Transaction ID: A2007-1778751
City State Zip Code THE WOODLANDS TX 77384	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.18
Name of Employer Allstate Insurance Company	Occupation Lead Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.17	

Full Name (Last, First, Middle Initial) B. STACEY A SPRUNG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 106 E. WHISTLERS BEND CIR.		Transaction ID: A2007-1824990
City State Zip Code THE WOODLANDS TX 77384	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.18
Name of Employer Allstate Insurance Company	Occupation Lead Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.35	

Full Name (Last, First, Middle Initial) C. BARBARA J STEELE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 730 CREEKSIDE DR #504		Transaction ID: A2007-1778961
City State Zip Code MT PROSPECT IL 60056	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12.69
Name of Employer Allstate Insurance Company	Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.89	

SUBTOTAL of Receipts This Page (optional)	▶	53.05
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BARBARA J STEELE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 730 CREEKSIDE DR #504		Transaction ID: A2007-1824991	
City State Zip Code MT PROSPECT IL 60056		Amount of Each Receipt this Period 12.69	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.58	

Full Name (Last, First, Middle Initial) B. EMORY D STEPHENS JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4711 N WOLCOTT AVE		Transaction ID: A2007-1778846	
City State Zip Code CHICAGO IL 60640		Amount of Each Receipt this Period 38.73	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 803.88	

Full Name (Last, First, Middle Initial) C. EMORY D STEPHENS JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4711 N WOLCOTT AVE		Transaction ID: A2007-1824992	
City State Zip Code CHICAGO IL 60640		Amount of Each Receipt this Period 38.73	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 842.61	

SUBTOTAL of Receipts This Page (optional)	90.15
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LOUIE A STEPHENSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1775 FOREST CREEK DR.		Transaction ID: A2007-1779102	
City State Zip Code JACKSONVILLE FL 32225	Amount of Each Receipt this Period 13.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.38		

Full Name (Last, First, Middle Initial) B. LOUIE A STEPHENSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1775 FOREST CREEK DR.		Transaction ID: A2007-1824993	
City State Zip Code JACKSONVILLE FL 32225	Amount of Each Receipt this Period 13.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.16		

Full Name (Last, First, Middle Initial) C. GARY S STERE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2015 SELVA MADERA COURT		Transaction ID: A2007-1778857	
City State Zip Code ATLANTIC BEACH FL 32233	Amount of Each Receipt this Period 37.14		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.14		

SUBTOTAL of Receipts This Page (optional) ▶	64.70
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 232 / 306						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. GARY S STERE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2015 SELVA MADERA COURT		Transaction ID: A2007-1824994	
City ATLANTIC BEACH	State FL	Zip Code 32233	Amount of Each Receipt this Period 37.14
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.28		

Full Name (Last, First, Middle Initial) B. MYRON E STOUFFER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1528 JESSICA LANE		Transaction ID: A2007-1778853	
City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 21.73
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP State Team		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.07		

Full Name (Last, First, Middle Initial) C. MYRON E STOUFFER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1528 JESSICA LANE		Transaction ID: A2007-1824995	
City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 21.73
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP State Team		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 439.80		

SUBTOTAL of Receipts This Page (optional) ▶	80.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 233 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CHRISTINE A SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 257 BIG TERRA LANE		Transaction ID: A2007-1778741
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 24.94	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.25	

Full Name (Last, First, Middle Initial) B. CHRISTINE A SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 257 BIG TERRA LANE		Transaction ID: A2007-1824996
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 24.94	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.19	

Full Name (Last, First, Middle Initial) C. DANIEL J SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4018 BERRYWOOD DRIVE		Transaction ID: A2007-1778784
City State Zip Code SEAFORD NY 11783	Amount of Each Receipt this Period 13.24	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.79	

SUBTOTAL of Receipts This Page (optional) ▶	63.12
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DANIEL J SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4018 BERRYWOOD DRIVE		Transaction ID: A2007-1824997	
City State Zip Code SEAFORD NY 11783	Amount of Each Receipt this Period 13.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.03		

Full Name (Last, First, Middle Initial) B. KEVIN T SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 221 CARRIAGE HILL CIR		Transaction ID: A2007-1779134	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 94.54		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President -Corp Ethn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1961.12		

Full Name (Last, First, Middle Initial) C. KEVIN T SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 221 CARRIAGE HILL CIR		Transaction ID: A2007-1824998	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 94.54		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President -Corp Ethn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2055.66		

SUBTOTAL of Receipts This Page (optional) ▶	202.32
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KATHLEEN A SWAIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 242 HIGHVIEW		Transaction ID: A2007-1778911	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 53.86		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Enterprise Applicatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.14		

Full Name (Last, First, Middle Initial) B. KATHLEEN A SWAIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 242 HIGHVIEW		Transaction ID: A2007-1824999	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 53.86		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Enterprise Applicatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1182.00		

Full Name (Last, First, Middle Initial) C. KIMBERLY A SYME		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1609 SURRIDGE CT		Transaction ID: A2007-1778928	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 15.20		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.90		

SUBTOTAL of Receipts This Page (optional) ▶	122.92
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 236 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KIMBERLY A SYME		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1609 SURRIDGE CT		Transaction ID: A2007-1825000	
City MUNDELEIN	State IL	Zip Code 60060	Amount of Each Receipt this Period 15.20
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.10		

Full Name (Last, First, Middle Initial) B. JERROLD S SZOSTAK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1064 W GLENN TRAIL		Transaction ID: A2007-1778954	
City ELK GROVE	State IL	Zip Code 60007	Amount of Each Receipt this Period 37.51
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Reserve Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 782.71		

Full Name (Last, First, Middle Initial) C. JERROLD S SZOSTAK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1064 W GLENN TRAIL		Transaction ID: A2007-1825001	
City ELK GROVE	State IL	Zip Code 60007	Amount of Each Receipt this Period 37.51
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Reserve Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.22		

SUBTOTAL of Receipts This Page (optional) ▶	90.22
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 / 306
	<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. Full Name (Last, First, Middle Initial)
CARL J TACKETT

Mailing Address 307 WENDRON COURT

City State Zip Code
FRANKLIN TN 37069

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

Name of Employer Allstate Insurance Company Occupation Regional Financial Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778921

Amount of Each Receipt this Period
14.85

B. Full Name (Last, First, Middle Initial)
CARL J TACKETT

Mailing Address 307 WENDRON COURT

City State Zip Code
FRANKLIN TN 37069

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

Name of Employer Allstate Insurance Company Occupation Regional Financial Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 319.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825002

Amount of Each Receipt this Period
14.85

C. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Security

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 452.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778791

Amount of Each Receipt this Period
21.90

SUBTOTAL of Receipts This Page (optional) ▶ **51.60**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BENJAMIN A TARVER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2495 EMERALD LANE		Transaction ID: A2007-1825003
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.90	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.45	

Full Name (Last, First, Middle Initial) B. JANICE M TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 7335 ATHLONE		Transaction ID: A2007-1779106
City State Zip Code HOUSTON TX 77088	Amount of Each Receipt this Period 22.37	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 467.62	

Full Name (Last, First, Middle Initial) C. JANICE M TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 7335 ATHLONE		Transaction ID: A2007-1825004
City State Zip Code HOUSTON TX 77088	Amount of Each Receipt this Period 22.37	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.99	

SUBTOTAL of Receipts This Page (optional) ▶	66.64
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LINDSAY F TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 217 E. SHERIDAN PLACE		Transaction ID: A2007-1779166	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.35		

Full Name (Last, First, Middle Initial) B. LINDSAY F TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 217 E. SHERIDAN PLACE		Transaction ID: A2007-1825005	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70		

Full Name (Last, First, Middle Initial) C. TIMOTHY J TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5314 RENEE AVE.		Transaction ID: A2007-1778842	
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 18.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.89		

SUBTOTAL of Receipts This Page (optional) ▶	50.89
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 240 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. TIMOTHY J TAYLOR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 5314 RENEE AVE.		Transaction ID: A2007-1825006	
City CRYSTAL LAKE	State IL	Zip Code 60014	Amount of Each Receipt this Period 18.19
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.08		

Full Name (Last, First, Middle Initial) B. PHILLIP J TELGENHOFF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1631 DAUNTING DRIVE		Transaction ID: A2007-1779155	
City EL DORADO HILLS	State CA	Zip Code 95762	Amount of Each Receipt this Period 15.98
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.03		

Full Name (Last, First, Middle Initial) C. PHILLIP J TELGENHOFF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1631 DAUNTING DRIVE		Transaction ID: A2007-1825007	
City EL DORADO HILLS	State CA	Zip Code 95762	Amount of Each Receipt this Period 21.69
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.72		

SUBTOTAL of Receipts This Page (optional) ▶	55.86
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. SEAN D THAKUR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 4657 LAKE POINT CIRCLE		Transaction ID: A2007-1779097
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 14.34	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Service Center Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.09	

Full Name (Last, First, Middle Initial) B. SEAN D THAKUR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4657 LAKE POINT CIRCLE		Transaction ID: A2007-1825008
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 14.34	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Service Center Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.43	

Full Name (Last, First, Middle Initial) C. MARK L THOMPSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3233 N RACINE #2		Transaction ID: A2007-1779116
City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 25.14	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT NON-STANDARD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.61	

SUBTOTAL of Receipts This Page (optional) ▶	53.82
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MARK L THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3233 N RACINE #2		Transaction ID: A2007-1825010	
City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 25.14		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT NON-STANDARD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 544.75		

Full Name (Last, First, Middle Initial) B. W. J THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1734 SHOAL CREEK TERRACE		Transaction ID: A2007-1778843	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 34.73		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 713.88		

Full Name (Last, First, Middle Initial) C. W. J THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1734 SHOAL CREEK TERRACE		Transaction ID: A2007-1825011	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 45.14		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 759.02		

SUBTOTAL of Receipts This Page (optional) ▶	105.01
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 / 306
	<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. Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Procurement Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778925

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Procurement Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825012

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP ENCOMPASS FIELD DISTR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779136

Amount of Each Receipt this Period
38.63

SUBTOTAL of Receipts This Page (optional) ► **78.39**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LOREE E TOEDMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 21949 HICKORY HILL DR.		Transaction ID: A2007-1825013
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 38.63	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP ENCOMPASS FIELD DISTR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 838.66	

Full Name (Last, First, Middle Initial) B. ROBERT E TRANSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2644 N DOUGLAS		Transaction ID: A2007-1778966
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 27.51	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Strategic Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 569.38	

Full Name (Last, First, Middle Initial) C. ROBERT E TRANSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2644 N DOUGLAS		Transaction ID: A2007-1825015
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 27.51	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Strategic Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 596.89	

SUBTOTAL of Receipts This Page (optional) ▶	93.65
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DENNIS M TRUSCH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 0s640 Preston Circle		Transaction ID: A2007-1778834
City State Zip Code Geneva IL 60134	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 13.30
Name of Employer Allstate Insurance Company	Occupation Education and Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.40	

Full Name (Last, First, Middle Initial) B. DENNIS M TRUSCH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 0s640 Preston Circle		Transaction ID: A2007-1825016
City State Zip Code Geneva IL 60134	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 13.30
Name of Employer Allstate Insurance Company	Occupation Education and Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.70	

Full Name (Last, First, Middle Initial) C. MELINDA S TUNNER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5430 TALL OAKS DRIVE		Transaction ID: A2007-1779092
City State Zip Code LONG GROVE IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 44.41
Name of Employer Allstate Insurance Company	Occupation AVP Agency Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.64	

SUBTOTAL of Receipts This Page (optional)	▶	71.01
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 246 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. MELINDA S TUNNER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 5430 TALL OAKS DRIVE		Transaction ID: A2007-1825017	
City State Zip Code LONG GROVE IL 60047		Amount of Each Receipt this Period 44.41	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Agency Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 965.05	

Full Name (Last, First, Middle Initial) B. RICHARD D TURANO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4960 S CHESTER ST		Transaction ID: A2007-1778769	
City State Zip Code ENGLEWOOD CO 80111		Amount of Each Receipt this Period 17.86	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 371.81	

Full Name (Last, First, Middle Initial) C. RICHARD D TURANO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4960 S CHESTER ST		Transaction ID: A2007-1825018	
City State Zip Code ENGLEWOOD CO 80111		Amount of Each Receipt this Period 17.86	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 389.67	

SUBTOTAL of Receipts This Page (optional) ▶	80.13
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DAVID J UNROE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 326 ELM CT.		Transaction ID: A2007-1779158	
City LIBERTYVILLE	State IL	Amount of Each Receipt this Period 19.88	
Zip Code 60048		FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.48		

Full Name (Last, First, Middle Initial) B. DAVID J UNROE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 326 ELM CT.		Transaction ID: A2007-1825020	
City LIBERTYVILLE	State IL	Amount of Each Receipt this Period 19.88	
Zip Code 60048		FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.36		

Full Name (Last, First, Middle Initial) C. WILLIAM A VAINISI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 636 BALMORAL LANE		Transaction ID: A2007-1778974	
City INVERNESS	State IL	Amount of Each Receipt this Period 51.51	
Zip Code 60067		FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1077.23		

SUBTOTAL of Receipts This Page (optional) ▶	91.27
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 248 / 306						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. WILLIAM A VAINISI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 636 BALMORAL LANE		Transaction ID: A2007-1825022	
City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 51.51		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.74		

Full Name (Last, First, Middle Initial) B. HELEN K VAN DAAL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1300 LONGVALLEY RD.		Transaction ID: A2007-1778914	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 18.76		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.36		

Full Name (Last, First, Middle Initial) C. HELEN K VAN DAAL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1300 LONGVALLEY RD.		Transaction ID: A2007-1825023	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 18.76		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.12		

SUBTOTAL of Receipts This Page (optional) ▶	89.03
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 306 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN W VAN ETTEN	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	7												
Mailing Address 924 W. Gordon Terrace #3	Transaction ID: A2007-1779025																				
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Chicago</td> <td>IL</td> <td>60613</td> </tr> </table>	City	State	Zip Code	Chicago	IL	60613	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">16.54</td> </tr> </table>		16.54												
City	State	Zip Code																			
Chicago	IL	60613																			
	16.54																				
FEC ID number of contributing federal political committee. C																					
<table style="width: 100%;"> <tr> <td style="width: 35%;">Name of Employer Allstate Insurance Company</td> <td style="width: 65%;">Occupation Frontline Performance Lea</td> </tr> <tr> <td> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td> Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">362.89</td> </tr> </table> </td> </tr> </table>	Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">362.89</td> </tr> </table>		362.89															
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">362.89</td> </tr> </table>		362.89																		
	362.89																				

Full Name (Last, First, Middle Initial) B. JOHN W VAN ETTEN	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	0	7												
Mailing Address 924 W. Gordon Terrace #3	Transaction ID: A2007-1825024																				
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Chicago</td> <td>IL</td> <td>60613</td> </tr> </table>	City	State	Zip Code	Chicago	IL	60613	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">16.54</td> </tr> </table>		16.54												
City	State	Zip Code																			
Chicago	IL	60613																			
	16.54																				
FEC ID number of contributing federal political committee. C																					
<table style="width: 100%;"> <tr> <td style="width: 35%;">Name of Employer Allstate Insurance Company</td> <td style="width: 65%;">Occupation Frontline Performance Lea</td> </tr> <tr> <td> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td> Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">379.43</td> </tr> </table> </td> </tr> </table>	Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">379.43</td> </tr> </table>		379.43															
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">379.43</td> </tr> </table>		379.43																		
	379.43																				

Full Name (Last, First, Middle Initial) C. LISA A VAN SCOYOC	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	7												
Mailing Address 555 PRIMROSE LANE	Transaction ID: A2007-1778988																				
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>CRYSTAL LAKE</td> <td>IL</td> <td>60014</td> </tr> </table>	City	State	Zip Code	CRYSTAL LAKE	IL	60014	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">13.32</td> </tr> </table>		13.32												
City	State	Zip Code																			
CRYSTAL LAKE	IL	60014																			
	13.32																				
FEC ID number of contributing federal political committee. C																					
<table style="width: 100%;"> <tr> <td style="width: 35%;">Name of Employer Allstate Insurance Company</td> <td style="width: 65%;">Occupation Accounting Senior Manager</td> </tr> <tr> <td> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td> Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">275.08</td> </tr> </table> </td> </tr> </table>	Name of Employer Allstate Insurance Company	Occupation Accounting Senior Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">275.08</td> </tr> </table>		275.08															
Name of Employer Allstate Insurance Company	Occupation Accounting Senior Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">275.08</td> </tr> </table>		275.08																		
	275.08																				

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">46.40</td> </tr> </table>		46.40
	46.40		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 250 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LISA A VAN SCOYOC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 555 PRIMROSE LANE		Transaction ID: A2007-1825025	
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 13.32		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Accounting Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.40		

Full Name (Last, First, Middle Initial) B. WILLIAM P VANDERBORG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 561 W CROOKED STICK CT		Transaction ID: A2007-1778910	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 32.70		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.70		

Full Name (Last, First, Middle Initial) C. WILLIAM P VANDERBORG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 561 W CROOKED STICK CT		Transaction ID: A2007-1825026	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 32.70		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 719.40		

SUBTOTAL of Receipts This Page (optional) ▶	78.72
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PATRICIA C VANLAMMEREN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9868 PALACE GREEN WAY		Transaction ID: A2007-1779130	
City State Zip Code VIENNA VA 22181	Amount of Each Receipt this Period 53.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1117.20		

Full Name (Last, First, Middle Initial) B. PATRICIA C VANLAMMEREN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 9868 PALACE GREEN WAY		Transaction ID: A2007-1825027	
City State Zip Code VIENNA VA 22181	Amount of Each Receipt this Period 53.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1171.09		

Full Name (Last, First, Middle Initial) C. BILL VASIOGAMBROS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1309 S. PINE AVE		Transaction ID: A2007-1779048	
City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 16.60		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

SUBTOTAL of Receipts This Page (optional) ▶	124.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 / 306
	<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. Full Name (Last, First, Middle Initial)
BILL VASIOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code
ARLINGTON HTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 361.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825028

Amount of Each Receipt this Period
16.60

B. Full Name (Last, First, Middle Initial)
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 805.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778902

Amount of Each Receipt this Period
38.64

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

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 844.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825029

Amount of Each Receipt this Period
38.64

SUBTOTAL of Receipts This Page (optional)	▶	93.88
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 / 306
	<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. Full Name (Last, First, Middle Initial)
MICHAEL J VELOTTA

Mailing Address 1111 LOYOLA DR

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1598.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779094

Amount of Each Receipt this Period
77.04

B. Full Name (Last, First, Middle Initial)
MICHAEL J VELOTTA

Mailing Address 1111 LOYOLA DR

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1675.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825030

Amount of Each Receipt this Period
77.04

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

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

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

Name of Employer Allstate Insurance Company Occupation Vice President & Treasure

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1397.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778785

Amount of Each Receipt this Period
67.42

SUBTOTAL of Receipts This Page (optional) ► 221.50

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STEVEN C VERNEY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 37144 FOX HILL DR		Transaction ID: A2007-1825031	
City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 67.42		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President & Treasure		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1465.11		

Full Name (Last, First, Middle Initial) B. JOAN H WALKER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 850 N. Riverwoods Road		Transaction ID: A2007-1779175	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 46.99		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Corp. Rel.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.75		

Full Name (Last, First, Middle Initial) C. JOAN H WALKER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 850 N. Riverwoods Road		Transaction ID: A2007-1825032	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 46.99		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Corp. Rel.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1007.74		

SUBTOTAL of Receipts This Page (optional) ▶	161.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 / 306
	<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. Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778875

Amount of Each Receipt this Period
28.43

B. Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825033

Amount of Each Receipt this Period
28.43

C. Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLAGE

City State Zip Code
PONTE VEDRA FL 32082

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

Name of Employer Allstate Insurance Company Occupation DIRECTOR CREDIT DEPARTMEN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1167.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1778856

Amount of Each Receipt this Period
63.46

SUBTOTAL of Receipts This Page (optional) ► **120.32**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ANTON WANDERON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 112 BRISTOL PLACE		Transaction ID: A2007-1825034
City State Zip Code PONTE VEDRA FL 32082	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 63.46
Name of Employer Allstate Insurance Company	Occupation DIRECTOR CREDIT DEPARTMEN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1231.23	

Full Name (Last, First, Middle Initial) B. THOMAS M WARDEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 146 LA GRANDE		Transaction ID: A2007-1778868
City State Zip Code MOSS BEACH CA 94038	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31.92
Name of Employer Allstate Insurance Company	Occupation AVP Research Center	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 661.71	

Full Name (Last, First, Middle Initial) C. THOMAS M WARDEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 146 LA GRANDE		Transaction ID: A2007-1825035
City State Zip Code MOSS BEACH CA 94038	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31.92
Name of Employer Allstate Insurance Company	Occupation AVP Research Center	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.63	

SUBTOTAL of Receipts This Page (optional)	127.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 257 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. EDWIN L WASINGER JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 6245 MURIFIELD DRIVE		Transaction ID: A2007-1779045
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 35.07	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Procurement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 726.57	

Full Name (Last, First, Middle Initial) B. EDWIN L WASINGER JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 6245 MURIFIELD DRIVE		Transaction ID: A2007-1825037
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 35.07	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Procurement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.64	

Full Name (Last, First, Middle Initial) C. JOHN A WATSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 10227 Thurston Groves Blvd.		Transaction ID: A2007-1779143
City State Zip Code Seminole FL 33778	Amount of Each Receipt this Period 15.95	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.05	

SUBTOTAL of Receipts This Page (optional) ▶	86.09
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 258 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JOHN A WATSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 10227 Thurston Groves Blvd.		Transaction ID: A2007-1825038
City State Zip Code Seminole FL 33778	Amount of Each Receipt this Period 15.95	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.00	

Full Name (Last, First, Middle Initial) B. BRET D WEHRLY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2079 POWHATAN TRAIL		Transaction ID: A2007-1779123
City State Zip Code RICHMOND KY 40475	Amount of Each Receipt this Period 12.28	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Agency Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.88	

Full Name (Last, First, Middle Initial) C. BRET D WEHRLY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2079 POWHATAN TRAIL		Transaction ID: A2007-1825039
City State Zip Code RICHMOND KY 40475	Amount of Each Receipt this Period 12.28	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Agency Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.16	

SUBTOTAL of Receipts This Page (optional) ▶	40.51
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DOUGLAS B WELCH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1724 INDEPENDENCE AVE		Transaction ID: A2007-1778890
City State Zip Code GLENVIEW IL 60026	Amount of Each Receipt this Period 55.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.61	

Full Name (Last, First, Middle Initial) B. DOUGLAS B WELCH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1724 INDEPENDENCE AVE		Transaction ID: A2007-1825040
City State Zip Code GLENVIEW IL 60026	Amount of Each Receipt this Period 55.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1205.15	

Full Name (Last, First, Middle Initial) C. JONATHAN J WELLS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5394 W RIVER BEND DRIVE		Transaction ID: A2007-1779118
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 31.26	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Bank Cash Management Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.31	

SUBTOTAL of Receipts This Page (optional) ▶	142.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 260 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JONATHAN J WELLS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5394 W RIVER BEND DRIVE		Transaction ID: A2007-1825041
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 31.26	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Bank Cash Management Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 683.57	

Full Name (Last, First, Middle Initial) B. JEROME WHITE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5081 OVERLOOK DR.		Transaction ID: A2007-1778798
City State Zip Code ROSWELL GA 30075	Amount of Each Receipt this Period 10.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.56	

Full Name (Last, First, Middle Initial) C. JEROME WHITE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 5081 OVERLOOK DR.		Transaction ID: A2007-1825042
City State Zip Code ROSWELL GA 30075	Amount of Each Receipt this Period 10.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.42	

SUBTOTAL of Receipts This Page (optional) ▶	52.98
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 261 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT J WHITE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 909 STILLWATER COURT		Transaction ID: A2007-1778804
City State Zip Code WESTON FL 33327	Amount of Each Receipt this Period 32.70	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.49	

Full Name (Last, First, Middle Initial) B. ROBERT J WHITE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 909 STILLWATER COURT		Transaction ID: A2007-1825043
City State Zip Code WESTON FL 33327	Amount of Each Receipt this Period 32.70	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 753.19	

Full Name (Last, First, Middle Initial) C. SAMUEL W WHITEMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 120 NE STONELEDGE PLACE		Transaction ID: A2007-1779107
City State Zip Code LEESBURG VA 20176	Amount of Each Receipt this Period 30.53	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.38	

SUBTOTAL of Receipts This Page (optional) ▶	95.93
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 262 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. SAMUEL W WHITEMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 120 NE STONELEDGE PLACE		Transaction ID: A2007-1825044
City LEESBURG	State VA	Zip Code 20176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.53
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.91	

Full Name (Last, First, Middle Initial) B. CYNTHIA A WHITFIELD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 135 CAMBRIDGE DR.		Transaction ID: A2007-1778790
City AURORA	State OH	Zip Code 44202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.52
Name of Employer Allstate Insurance Company	Occupation Risk Management Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.70	

Full Name (Last, First, Middle Initial) C. CYNTHIA A WHITFIELD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 135 CAMBRIDGE DR.		Transaction ID: A2007-1825045
City AURORA	State OH	Zip Code 44202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.52
Name of Employer Allstate Insurance Company	Occupation Risk Management Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.22	

SUBTOTAL of Receipts This Page (optional)	65.57
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CYNTHIA R WHITLEY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6722 NEW HAMPSHIRE TRAIL		Transaction ID: A2007-1778845	
City State Zip Code CRYSTAL LAKE IL 60012		Amount of Each Receipt this Period 37.59	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.44	

Full Name (Last, First, Middle Initial) B. CYNTHIA R WHITLEY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 6722 NEW HAMPSHIRE TRAIL		Transaction ID: A2007-1825046	
City State Zip Code CRYSTAL LAKE IL 60012		Amount of Each Receipt this Period 37.59	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 818.03	

Full Name (Last, First, Middle Initial) C. ROB WHOLF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 847 INTERLAKEN DRIVE		Transaction ID: A2007-1778882	
City State Zip Code LAKE ZURICH IL 60047		Amount of Each Receipt this Period 21.79	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 457.59	

SUBTOTAL of Receipts This Page (optional) ▶	96.97
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 264 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROB WHOLF		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 847 INTERLAKEN DRIVE		Transaction ID: A2007-1825047	
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 21.79		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.38		

Full Name (Last, First, Middle Initial) B. JOHN K WILCOX		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1120 JESSICA LANE		Transaction ID: A2007-1778924	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Product Operations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.65		

Full Name (Last, First, Middle Initial) C. JOHN K WILCOX		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1120 JESSICA LANE		Transaction ID: A2007-1825048	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Product Operations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.65		

SUBTOTAL of Receipts This Page (optional) ▶	85.79
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 / 306
	<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. ANISE D WILEY-LITTLE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 21030 W YORKSHIRE DR		Transaction ID: A2007-1779137	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 40.87		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.79		

Full Name (Last, First, Middle Initial) B. ANISE D WILEY-LITTLE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 21030 W YORKSHIRE DR		Transaction ID: A2007-1825049	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 40.87		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.66		

Full Name (Last, First, Middle Initial) C. JEFFREY W WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7104 CHARDON COURT		Transaction ID: A2007-1778957	
City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 38.77		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.07		

SUBTOTAL of Receipts This Page (optional) ▶	120.51
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 266 / 306						
	(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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 845.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825050

Amount of Each Receipt this Period
38.77

B. Full Name (Last, First, Middle Initial)
THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Allstate Insurance Company Occupation President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4637.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: A2007-1779064

Amount of Each Receipt this Period
221.54

C. Full Name (Last, First, Middle Initial)
THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Allstate Insurance Company Occupation President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4859.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: A2007-1825051

Amount of Each Receipt this Period
221.54

SUBTOTAL of Receipts This Page (optional)	▶	481.85
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 267 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. KURT L WINTER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1403 N. WALNUT		Transaction ID: A2007-1779174	
City State Zip Code ARLINGTON HGHTS IL 60004	Amount of Each Receipt this Period 16.01		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.06		

Full Name (Last, First, Middle Initial) B. KURT L WINTER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1403 N. WALNUT		Transaction ID: A2007-1825052	
City State Zip Code ARLINGTON HGHTS IL 60004	Amount of Each Receipt this Period 16.01		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.07		

Full Name (Last, First, Middle Initial) C. BRUCE A WOIKE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1318 N. CHESTNUT AVE.		Transaction ID: A2007-1779036	
City State Zip Code ARLINGTON HTS. IL 60004	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Accounting Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.33		

SUBTOTAL of Receipts This Page (optional) ▶	51.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 268 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BRUCE A WOIKE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1318 N. CHESTNUT AVE.		Transaction ID: A2007-1825053
City ARLINGTON HTS.	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Accounting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.21	

Full Name (Last, First, Middle Initial) B. MATTHEW WOJTASZEK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 7 WELLESLEY COURT		Transaction ID: A2007-1778788
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.62
Name of Employer Allstate Insurance Company	Occupation Senior Field Operations M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.02	

Full Name (Last, First, Middle Initial) C. MATTHEW WOJTASZEK		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 7 WELLESLEY COURT		Transaction ID: A2007-1825054
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.62
Name of Employer Allstate Insurance Company	Occupation Senior Field Operations M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.64	

SUBTOTAL of Receipts This Page (optional)	▶	81.12
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RHONDA WOODARD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2341 MARCY AVENUE		Transaction ID: A2007-1779128	
City State Zip Code EVANSTON IL 60201		Amount of Each Receipt this Period 35.24	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation VP-PRODUCT DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 732.83	

Full Name (Last, First, Middle Initial) B. RHONDA WOODARD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2341 MARCY AVENUE		Transaction ID: A2007-1825055	
City State Zip Code EVANSTON IL 60201		Amount of Each Receipt this Period 35.24	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation VP-PRODUCT DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 768.07	

Full Name (Last, First, Middle Initial) C. DAVID E WOOLWINE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1608 W. ROSEHILL DR		Transaction ID: A2007-1778833	
City State Zip Code CHICAGO IL 60660		Amount of Each Receipt this Period 14.75	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.90	

SUBTOTAL of Receipts This Page (optional) ▶	85.23
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. DAVID E WOOLWINE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1608 W. ROSEHILL DR		Transaction ID: A2007-1825056	
City State Zip Code CHICAGO IL 60660	Amount of Each Receipt this Period 14.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.65		

Full Name (Last, First, Middle Initial) B. DONALD F WYATT JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 811 DRESSER DR.		Transaction ID: A2007-1778929	
City State Zip Code MT PROSPECT IL 60056	Amount of Each Receipt this Period 34.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 721.79		

Full Name (Last, First, Middle Initial) C. DONALD F WYATT JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 811 DRESSER DR.		Transaction ID: A2007-1825058	
City State Zip Code MT PROSPECT IL 60056	Amount of Each Receipt this Period 34.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.48		

SUBTOTAL of Receipts This Page (optional) ▶	84.13
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. FLOYD M YAGER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1610 BIRCH LANE		Transaction ID: A2007-1778998	
City State Zip Code PARK RIDGE IL 60068	Amount of Each Receipt this Period 47.06		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.59		

Full Name (Last, First, Middle Initial) B. FLOYD M YAGER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1610 BIRCH LANE		Transaction ID: A2007-1825059	
City State Zip Code PARK RIDGE IL 60068	Amount of Each Receipt this Period 47.06		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1022.65		

Full Name (Last, First, Middle Initial) C. LORI J YELVINGTON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1531 N HIGHLAND AVE		Transaction ID: A2007-1779006	
City State Zip Code ARLINGTON HGTS. IL 60004	Amount of Each Receipt this Period 50.44		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1046.08		

SUBTOTAL of Receipts This Page (optional) ▶	144.56
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 272 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. LORI J YELVINGTON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1531 N HIGHLAND AVE		Transaction ID: A2007-1825060
City State Zip Code ARLINGTON HGTS. IL 60004	Amount of Each Receipt this Period 50.44	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1096.52	

Full Name (Last, First, Middle Initial) B. RICHARD P YOCIUS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 40135 N GOLDENROD		Transaction ID: A2007-1778931
City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 41.75	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 844.03	

Full Name (Last, First, Middle Initial) C. RICHARD P YOCIUS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 40135 N GOLDENROD		Transaction ID: A2007-1825061
City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 41.75	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 885.78	

SUBTOTAL of Receipts This Page (optional) ▶	133.94
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 273 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JAMES E YOUNG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1212 N. WELLS ST. APT. 1504		Transaction ID: A2007-1778829
City State Zip Code CHICAGO IL 60610	Amount of Each Receipt this Period 17.93	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.13	

Full Name (Last, First, Middle Initial) B. JAMES E YOUNG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1212 N. WELLS ST. APT. 1504		Transaction ID: A2007-1825062
City State Zip Code CHICAGO IL 60610	Amount of Each Receipt this Period 17.93	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.06	

Full Name (Last, First, Middle Initial) C. PHILLIP C YOUNG		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 2181 APPLE HILL LANE		Transaction ID: A2007-1778962
City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 18.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Director of Flight Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.23	

SUBTOTAL of Receipts This Page (optional) ▶	53.94
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PHILLIP C YOUNG		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2181 APPLE HILL LANE		Transaction ID: A2007-1825063	
City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 18.08		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Director of Flight Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.31		

Full Name (Last, First, Middle Initial) B. MARY E ZAGORSKI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2609 N PINE AVE		Transaction ID: A2007-1778996	
City State Zip Code ARLINGTON HEIGHTS IL 60004	Amount of Each Receipt this Period 33.11		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Personal Lines Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.10		

Full Name (Last, First, Middle Initial) C. MARY E ZAGORSKI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2609 N PINE AVE		Transaction ID: A2007-1825064	
City State Zip Code ARLINGTON HEIGHTS IL 60004	Amount of Each Receipt this Period 33.11		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Personal Lines Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.21		

SUBTOTAL of Receipts This Page (optional) ▶	84.30
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 / 306
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. RICHARD M ZAHARIAS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1439 STEVENSON DRIVE		Transaction ID: A2007-1779078
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 64.76	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Allstate Life Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.73	

Full Name (Last, First, Middle Initial) B. RICHARD M ZAHARIAS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1439 STEVENSON DRIVE		Transaction ID: A2007-1825065
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 64.76	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Allstate Life Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1411.49	

Full Name (Last, First, Middle Initial) C. ROBERT F ZEMBRASKI JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1113 W WRIGHTWOOD # 1E		Transaction ID: A2007-1778748
City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 15.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Consultant-M2600	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.06	

SUBTOTAL of Receipts This Page (optional) ▶	144.98
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 / 306
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ROBERT F ZEMBRASKI JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1113 W WRIGHTWOOD # 1E		Transaction ID: A2007-1825066	
City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 15.46		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Consultant-M2600		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.52		

Full Name (Last, First, Middle Initial) B. PAUL K ZIGTERMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 236 SOUTH RIVERSIDE DRIVE		Transaction ID: A2007-1779051	
City State Zip Code VILLA PARK IL 60181	Amount of Each Receipt this Period 18.97		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.62		

Full Name (Last, First, Middle Initial) C. PAUL K ZIGTERMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 236 SOUTH RIVERSIDE DRIVE		Transaction ID: A2007-1825067	
City State Zip Code VILLA PARK IL 60181	Amount of Each Receipt this Period 18.97		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.59		

SUBTOTAL of Receipts This Page (optional) ▶	53.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 277 / 306
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. GERALD L ZIMMERMAN JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2584 Sutton Lane		Transaction ID: A2007-1779069	
City State Zip Code AURORA IL 60502		Amount of Each Receipt this Period 35.95	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.70	

Full Name (Last, First, Middle Initial) B. GERALD L ZIMMERMAN JR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2584 Sutton Lane		Transaction ID: A2007-1825068	
City State Zip Code AURORA IL 60502		Amount of Each Receipt this Period 35.95	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 783.65	

Full Name (Last, First, Middle Initial) C. CARLA D ZUNIGA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2189 N. BEAVER CREEK DRIVE		Transaction ID: A2007-1779133	
City State Zip Code VERNON HILLS IL 60061		Amount of Each Receipt this Period 20.86	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 417.47	

SUBTOTAL of Receipts This Page (optional) ▶	92.76
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 278 / 306
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CARLA D ZUNIGA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 2189 N. BEAVER CREEK DRIVE		Transaction ID: A2007-1825069	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 20.86		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.33		

Full Name (Last, First, Middle Initial) B. J K ZUZICH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1125 ACORN TRAIL		Transaction ID: A2007-1779124	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 35.13		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP HR People Planning &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 728.28		

Full Name (Last, First, Middle Initial) C. J K ZUZICH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1125 ACORN TRAIL		Transaction ID: A2007-1825070	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 35.13		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP HR People Planning &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 763.41		

SUBTOTAL of Receipts This Page (optional) ▶	91.12
TOTAL This Period (last page this line number only) ▶	27575.41

**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)

PAGE 279 / 306

<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		Transaction ID: B202591	
Mailing Address 346 West Carol Lane		Date of Disbursement 10 / 12 / 2007	
City Elmhurst	State IL	Zip Code 60062	Amount of Each Disbursement this Period 139.32
Purpose of Disbursement Bank Service Charge		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: IL	District: Not Applicable		

SUBTOTAL of Disbursements This Page (optional)	139.32
TOTAL This Period (last page this line number only)	139.32

**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)

PAGE 280 / 306

<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. Friends of Ginny Brown-Waite		Transaction ID: B196023 Date of Disbursement 10 / 11 / 2007
Mailing Address 2501 Wisconsin Ave. NW #304		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 05 FL		
Candidate Name Virginia Brown-Waite		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Baker for Congress		Transaction ID: B196141 Date of Disbursement 10 / 11 / 2007
Mailing Address 2501 Wisconsin Ave. NW #304		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 06 LA		
Candidate Name Richard H Baker		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. All America PAC		Transaction ID: B197469 Date of Disbursement 10 / 16 / 2007
Mailing Address 1070 Thomas Jefferson Street Sutie		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007	011 Category/ Type	
Purpose of Disbursement O-2007 Federal PAC DC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 281 / 306

<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. Cmte for Preservation of Capitalism (CPC)		Transaction ID: B197590 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 65314		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement O-2007 Federal PAC US Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Elizabeth Dole Committee Inc.		Transaction ID: B202725 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 1000.00
City Raleigh State NC Zip Code 27602	Purpose of Disbursement P-2008 U.S. Senate NC Candidate Name Elizabeth Dole Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Rahm Emanuel		Transaction ID: B202727 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address PO Box 101124		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement P-2008 U.S. House 05 IL Candidate Name Rahm Emanuel Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 282 / 306

<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. Rogers for Congress		Transaction ID: B202990	
Mailing Address 700 12th Street NW Suite 700		Date of Disbursement 10 / 30 / 2007	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement P-2008 U.S. House 08 MI		011 Category/ Type	
Candidate Name Mike J Rogers			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI	District: 08		

Full Name (Last, First, Middle Initial) B. Johanns for U.S. Senate		Transaction ID: B203062	
Mailing Address 228 S. Washington St. Suite B-20		Date of Disbursement 10 / 31 / 2007	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement P-2008 U.S. Senate NE		011 Category/ Type	
Candidate Name Mike Johanns			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District:		

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

9000.00

**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)

PAGE 283 / 306

<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. Edward A. Buchanan for House		Transaction ID: B195811 Date of Disbursement 10 / 02 / 2007	
Mailing Address PO Box 897		Amount of Each Disbursement this Period 250.00	
City Torrington	State WY	Zip Code 82240	011 Category/ Type
Purpose of Disbursement P-2008 State House 04 WY			
Candidate Name Edward A Buchanan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY District: 04			

Full Name (Last, First, Middle Initial) B. Roy Cohee for House		Transaction ID: B195819 Date of Disbursement 10 / 02 / 2007	
Mailing Address 2046 Rustic Drive		Amount of Each Disbursement this Period 250.00	
City Casper	State WY	Zip Code 82609	011 Category/ Type
Purpose of Disbursement P-2008 State House 35 WY			
Candidate Name Roy Cohee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY District: 35			

Full Name (Last, First, Middle Initial) C. Thomas E. Lubnau for House		Transaction ID: B195820 Date of Disbursement 10 / 02 / 2007	
Mailing Address 4 Cherokee Circle		Amount of Each Disbursement this Period 250.00	
City Gillette	State WY	Zip Code 82718	011 Category/ Type
Purpose of Disbursement P-2008 State House 31 WY			
Candidate Name Thomas E Lubnau			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY District: 31			

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
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)

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<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. Colin Simpson for House Dist. #24 Cmte.		Transaction ID: B195822	
Mailing Address 201 Rio Vista Avenue		Date of Disbursement 10 / 02 / 2007	
City Cody	State WY	Zip Code 82414	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement P-2008 State House 24 WY		011 Category/ Type	
Candidate Name Colin Simpson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY	District: 24		

Full Name (Last, First, Middle Initial) B. James D. Anderson for Senate		Transaction ID: B195824	
Mailing Address 92 Running Dutchman Drive		Date of Disbursement 10 / 02 / 2007	
City Glenrock	State WY	Zip Code 82637	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement P-2008 State Senate 02 WY		011 Category/ Type	
Candidate Name Jim Anderson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY	District: 02		

Full Name (Last, First, Middle Initial) C. John J. Hines for State Senate		Transaction ID: B195826	
Mailing Address 714 West Echeta Road		Date of Disbursement 10 / 02 / 2007	
City Gillette	State WY	Zip Code 82716	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement P-2010 State Senate 23 WY		011 Category/ Type	
Candidate Name John J Hines			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY	District: 23		

SUBTOTAL of Disbursements This Page (optional)	750.00
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)

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<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. Cmte to Elect Anthony F. Ross		Transaction ID: B195829 Date of Disbursement 10 / 02 / 2007
Mailing Address 307 East 18th Street		Amount of Each Disbursement this Period 250.00
City Cheyenne	State WY Zip Code 82001	
Purpose of Disbursement P-2008 State Senate 04 WY		
Candidate Name Tony Ross		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 04		

Full Name (Last, First, Middle Initial) B. John C. Schiffer for Senate		Transaction ID: B195830 Date of Disbursement 10 / 02 / 2007
Mailing Address 561 Sussex Road		Amount of Each Disbursement this Period 250.00
City Kaycee	State WY Zip Code 82639	
Purpose of Disbursement P-2008 State Senate 22 WY		
Candidate Name John C Schiffer		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 22		

Full Name (Last, First, Middle Initial) C. Harvey D. Tallackson for State Senate		Transaction ID: B196161 Date of Disbursement 10 / 11 / 2007
Mailing Address 7039 141st Avenue SE		Amount of Each Disbursement this Period 100.00
City Grafton	State ND Zip Code 58237	
Purpose of Disbursement P-2008 State Senate 16 ND		
Candidate Name Harvey D Tallackson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 16		

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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. Constance Triplett for State Senate		Transaction ID: B196162 Date of Disbursement 10 / 11 / 2007
Mailing Address 1807 Willow Drive		Amount of Each Disbursement this Period 100.00
City Grand Forks	State ND	
Zip Code 58201		
Purpose of Disbursement P-2008 State Senate 18 ND		
Candidate Name Constance Triplett		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 18		

Full Name (Last, First, Middle Initial) B. Thomas J. Deadrick for State House		Transaction ID: B196163 Date of Disbursement 10 / 11 / 2007
Mailing Address 36696 275th Street		Amount of Each Disbursement this Period 250.00
City Platte	State SD	
Zip Code 57369		
Purpose of Disbursement P-2008 State House 21 SD		
Candidate Name Thomas J Deadrick		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 21		

Full Name (Last, First, Middle Initial) C. Rhoden for House		Transaction ID: B196164 Date of Disbursement 10 / 11 / 2007
Mailing Address P.O. Box 12		Amount of Each Disbursement this Period 250.00
City Union Center	State SD	
Zip Code 57787		
Purpose of Disbursement P-2008 State House 29 SD		
Candidate Name Larry R. Rhoden		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 29		

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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. Tim G. Rounds for House		Transaction ID: B196165 Date of Disbursement 10 / 11 / 2007
Mailing Address 513 North Van Buren		Amount of Each Disbursement this Period 250.00
City Pierre State SD Zip Code 57501	011 Category/ Type	
Purpose of Disbursement P-2008 State House 24 SD		
Candidate Name Tim G. Rounds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mark Willadsen for SD House Dist 11		Transaction ID: B196166 Date of Disbursement 10 / 11 / 2007
Mailing Address 7712 West Benelli Circle		Amount of Each Disbursement this Period 250.00
City Sioux Falls State SD Zip Code 57106	011 Category/ Type	
Purpose of Disbursement P-2008 State House 11 SD		
Candidate Name Mark K Willadsen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Daugaard for South Dakota		Transaction ID: B196167 Date of Disbursement 10 / 11 / 2007
Mailing Address 24930 480th Avenue		Amount of Each Disbursement this Period 250.00
City Garretson State SD Zip Code 57030	011 Category/ Type	
Purpose of Disbursement P-2010 Lt. Governor SD		
Candidate Name Dennis Daugaard		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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. Bob Gray for State Senate		Transaction ID: B196168 Date of Disbursement 10 / 11 / 2007
Mailing Address 111 Lee Hill Road		Amount of Each Disbursement this Period 250.00
City Pierre State SD Zip Code 57501	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 24 SD		
Candidate Name Bob Gray		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Knudson for State Senate		Transaction ID: B196169 Date of Disbursement 10 / 11 / 2007
Mailing Address 2100 East Slaten Court		Amount of Each Disbursement this Period 250.00
City Sioux Falls State SD Zip Code 57103	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 14 SD		
Candidate Name David L. Knudson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mac for Senate		Transaction ID: B196170 Date of Disbursement 10 / 11 / 2007
Mailing Address 3120 Flint Drive		Amount of Each Disbursement this Period 250.00
City Rapid City State SD Zip Code 57702	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 34 SD		
Candidate Name Royal McCracken		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. Citizens for Dan J. Ruby		Transaction ID: B196172 Date of Disbursement 10 / 11 / 2007
Mailing Address 4620 46th Avenue NW		Amount of Each Disbursement this Period 200.00
City Minot State ND Zip Code 58703	011 Category/ Type	
Purpose of Disbursement P-2008 State House 38 ND		
Candidate Name Dan Ruby		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 38	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rick Berg for State House		Transaction ID: B196142 Date of Disbursement 10 / 11 / 2007
Mailing Address P.O. Box 3024		Amount of Each Disbursement this Period 200.00
City Fargo State ND Zip Code 58108	011 Category/ Type	
Purpose of Disbursement P-2010 State House 45 ND		
Candidate Name Rick Berg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 45	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Donald L. Clark		Transaction ID: B196143 Date of Disbursement 10 / 11 / 2007
Mailing Address 3001 Hickory Street		Amount of Each Disbursement this Period 125.00
City Fargo State ND Zip Code 58102	011 Category/ Type	
Purpose of Disbursement P-2008 State House 44 ND		
Candidate Name Donald Clark		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 44	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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. Duane L. DeKrey for House		Transaction ID: B196144 Date of Disbursement 10 / 11 / 2007
Mailing Address 4323 27th Street SE		Amount of Each Disbursement this Period 200.00
City Pettibone	State ND	
Zip Code 58475	Purpose of Disbursement P-2008 State House 14 ND	
Candidate Name Duane DeKrey	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 14	

Full Name (Last, First, Middle Initial) B. Jeff W. Delzer for State House		Transaction ID: B196145 Date of Disbursement 10 / 11 / 2007
Mailing Address 2919 5th Street N.W.		Amount of Each Disbursement this Period 200.00
City Underwood	State ND	
Zip Code 58576	Purpose of Disbursement P-2008 State House 08 ND	
Candidate Name Jeff W Delzer	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 08	

Full Name (Last, First, Middle Initial) C. Citizens for Mark A. Dosch		Transaction ID: B196146 Date of Disbursement 10 / 11 / 2007
Mailing Address 509 Cottonwood Loop		Amount of Each Disbursement this Period 125.00
City Bismarck	State ND	
Zip Code 58504	Purpose of Disbursement P-2008 State House 32 ND	
Candidate Name Mark Dosch	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 32	

SUBTOTAL of Disbursements This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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. George J. Keiser for State Rep.		Transaction ID: B196147 Date of Disbursement 10 / 11 / 2007	
Mailing Address 422 Toronto Drive		Amount of Each Disbursement this Period 250.00	
City Bismarck State ND Zip Code 58503	Purpose of Disbursement P-2010 State House 47 ND Candidate Name George Keiser	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 47	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence R. Klemin for North Dakota		Transaction ID: B196148 Date of Disbursement 10 / 11 / 2007	
Mailing Address 1709 Montego Drive		Amount of Each Disbursement this Period 200.00	
City Bismarck State ND Zip Code 58503	Purpose of Disbursement P-2010 State House 47 ND Candidate Name Lawrence R Klemin	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 47	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens for Robert J. Skarphol		Transaction ID: B196149 Date of Disbursement 10 / 11 / 2007	
Mailing Address PO Box 725		Amount of Each Disbursement this Period 100.00	
City Tioga State ND Zip Code 58852	Purpose of Disbursement P-2008 State House 02 ND Candidate Name Bob Skarphol	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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. Cmte to Elect Francis J. Wald		Transaction ID: B196150 Date of Disbursement 10 / 11 / 2007
Mailing Address 433 7th Street East		Amount of Each Disbursement this Period 200.00
City Dickinson	State ND	
Zip Code 58601		
Purpose of Disbursement P-2010 State House 37 ND		
Candidate Name Francis J Wald		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 37		

Full Name (Last, First, Middle Initial) B. Robin L. Weisz for House		Transaction ID: B196151 Date of Disbursement 10 / 11 / 2007
Mailing Address 50 Highway 3 South		Amount of Each Disbursement this Period 200.00
City Hurdsfield	State ND	
Zip Code 58451		
Purpose of Disbursement P-2008 State House 14 ND		
Candidate Name Robin L Weisz		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 14		

Full Name (Last, First, Middle Initial) C. John M. Andrist for State Senate		Transaction ID: B196152 Date of Disbursement 10 / 11 / 2007
Mailing Address PO Box E		Amount of Each Disbursement this Period 100.00
City Crosby	State ND	
Zip Code 58730		
Purpose of Disbursement P-2008 State Senate 2 ND		
Candidate Name John M Andrist		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<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

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. Citizens for Gary A. Lee		Transaction ID: B196153 Date of Disbursement 10 / 11 / 2007
Mailing Address PO Box 3		Amount of Each Disbursement this Period 100.00
City Casselton	State ND	
Zip Code 58012		
Purpose of Disbursement P-2008 State Senate 22 ND		
Candidate Name Gary Lee		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 22		

Full Name (Last, First, Middle Initial) B. Citizens for Nicholas P. Hacker		Transaction ID: B196154 Date of Disbursement 10 / 11 / 2007
Mailing Address 1620 Second Avenue North		Amount of Each Disbursement this Period 200.00
City Grand Forks	State ND	
Zip Code 58203		
Purpose of Disbursement P-2008 State Senate 42 ND		
Candidate Name Nick Hacker		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 42		

Full Name (Last, First, Middle Initial) C. Joel C. Heitkamp for State Senate		Transaction ID: B196155 Date of Disbursement 10 / 11 / 2007
Mailing Address 9457 West Ridge Rd		Amount of Each Disbursement this Period 200.00
City Hankinson	State ND	
Zip Code 58041		
Purpose of Disbursement P-2008 State Senate 26 ND		
Candidate Name Joel Heitkamp		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 26		

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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

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. Judy Lee for Senate		Transaction ID: B196156 Date of Disbursement 10 / 11 / 2007
Mailing Address 1822 Brentwood Court		Amount of Each Disbursement this Period 200.00
City West Fargo State ND Zip Code 58078	011 Category/ Type	
Purpose of Disbursement P-2010 State Senate 13 ND		
Candidate Name Judith Lee		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cmte to Re-Elect Gerald J. Klein		Transaction ID: B196157 Date of Disbursement 10 / 11 / 2007
Mailing Address 331 2nd St. North (P.O. Box 265)		Amount of Each Disbursement this Period 250.00
City Fessenden State ND Zip Code 58438	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 14 ND		
Candidate Name Jerry Klein		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cmte to Re-elect David E. Nothing		Transaction ID: B196158 Date of Disbursement 10 / 11 / 2007
Mailing Address PO Box 1059		Amount of Each Disbursement this Period 250.00
City Jamestown State ND Zip Code 58402	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 12 ND		
Candidate Name David Nothing		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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

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. Full Name (Last, First, Middle Initial)
David P. O'Connell for State Senate

Mailing Address 2624 County Road 30

City State Zip Code
Lansford ND 58750

Purpose of Disbursement
P-2008 State Senate 06 ND

Candidate Name
David P O'Connell

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ND District: 06

Transaction ID: B196159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
Bob Stenehjem for State Senate

Mailing Address 7475 41st Street SE

City State Zip Code
Bismarck ND 58504

Purpose of Disbursement
P-2008 State Senate 30 ND

Candidate Name
Bob Stenehjem

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ND District: 30

Transaction ID: B196160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
Hansen for Legislature

Mailing Address 3782 West Foothill Road

City State Zip Code
North Platte NE 69101

Purpose of Disbursement
P-2010 State Senate 42 NE

Candidate Name
Thomas Hansen

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NE District: 42

Transaction ID: B197339

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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)

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<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. Russ Karpisek for Legislature Dist. 32		Transaction ID: B197340 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address PO Box 767		Amount of Each Disbursement this Period 250.00
City Wilber State NE Zip Code 68465	011 Category/ Type	
Purpose of Disbursement P-2010 State Senate 32 NE		
Candidate Name Russ Karpisek		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lathrop for Legislature		Transaction ID: B197342 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 11818 Oakair Plaza		Amount of Each Disbursement this Period 250.00
City Omaha State NE Zip Code 68137	011 Category/ Type	
Purpose of Disbursement P-2010 State Senate 12 NE		
Candidate Name Steven Lathrop		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kent Rogert for Legislature		Transaction ID: B197343 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address PO Box 114		Amount of Each Disbursement this Period 250.00
City Tekamah State NE Zip Code 68061	011 Category/ Type	
Purpose of Disbursement P-2010 State Senate 16 NE		
Candidate Name Kent Rogert		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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. Steve J Scalise Campaign Fund		Transaction ID: B182613 Date of Disbursement 10 / 18 / 2007
Mailing Address 824 Elmwood Park Blvd Ste 220		Amount of Each Disbursement this Period -500.00
City Elmwood State LA Zip Code 70123	Check Voided. Previously reported on September Monthly Report.	
Purpose of Disbursement P-2007 State Senate 09 LA Candidate Name Steve Joseph Scalise Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 09		
Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens to Elect Tom Cross		Transaction ID: B202211 Date of Disbursement 10 / 23 / 2007
Mailing Address P.O. Box 825		Amount of Each Disbursement this Period 1500.00
City Plainfield State IL Zip Code 60544		
Purpose of Disbursement G-2008 State House 84 IL Candidate Name Tom Cross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 84		
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens for Frank Watson		Transaction ID: B202213 Date of Disbursement 10 / 23 / 2007
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 3000.00
City Greenville State IL Zip Code 62246		
Purpose of Disbursement G-2008 State Senate 51 IL Candidate Name Frank C Watson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 51		
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

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<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. IL House Republican Organization		Transaction ID: B202214 Date of Disbursement 10 / 23 / 2007	
Mailing Address P.O. Box 409		Amount of Each Disbursement this Period 1000.00	
City Plainfield State IL Zip Code 60544	Purpose of Disbursement O-2007 State PAC IL Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) B. Lou Correa for State Senate 2010		Transaction ID: B202732 Date of Disbursement 10 / 30 / 2007	
Mailing Address 1201 K Street Suite 1820		Amount of Each Disbursement this Period 500.00	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement P-2010 State Senate 34 CA Candidate Name Lou Correa	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gloria Negrete McLeod for Senate 2010		Transaction ID: B202733 Date of Disbursement 10 / 30 / 2007	
Mailing Address 1201 K Street Suite 1820		Amount of Each Disbursement this Period 500.00	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement P-2010 State Senate 32 CA Candidate Name Gloria N McLeod	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

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<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. Behn for Senate		Transaction ID: B202703 Date of Disbursement 10 / 30 / 2007	
Mailing Address 1313 Quill Avenue		Amount of Each Disbursement this Period 200.00	
City Boone State IA Zip Code 50036	Purpose of Disbursement P-2008 State Senate 24 IA Candidate Name Jerry Behn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Citizens for Gronstal		Transaction ID: B202705 Date of Disbursement 10 / 30 / 2007	
Mailing Address 220 Bennett Avenue		Amount of Each Disbursement this Period 250.00	
City Council Bluffs State IA Zip Code 51503	Purpose of Disbursement P-2008 State Senate 50 IA Candidate Name Michael Gronstal Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 50	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Heckroth for Senate		Transaction ID: B202707 Date of Disbursement 10 / 30 / 2007	
Mailing Address 1010 Ridgewood Blvd. NW		Amount of Each Disbursement this Period 200.00	
City Waverly State IA Zip Code 50677	Purpose of Disbursement P-2010 State Senate 9 IA Candidate Name Bill Heckroth Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 9	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	650.00
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)

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<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. Hoffman for Iowa House		Transaction ID: B202708 Date of Disbursement 10 / 30 / 2007
Mailing Address 616 Parkview Drive		Amount of Each Disbursement this Period 200.00
City Denison	State IA	
Zip Code 51442		
Purpose of Disbursement P-2008 State House 55 IA		
Candidate Name Clarence Hoffman		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 55		

Full Name (Last, First, Middle Initial) B. Horbach for House of Representatives		Transaction ID: B202709 Date of Disbursement 10 / 30 / 2007
Mailing Address 1014 Oakland Avenue		Amount of Each Disbursement this Period 200.00
City Tama	State IA	
Zip Code 52339		
Purpose of Disbursement P-2008 State House 40 IA		
Candidate Name Lance J. Lance		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 40		

Full Name (Last, First, Middle Initial) C. Jacoby for House		Transaction ID: B202710 Date of Disbursement 10 / 30 / 2007
Mailing Address 2308 Northridge Drive		Amount of Each Disbursement this Period 200.00
City Coralville	State IA	
Zip Code 52241		
Purpose of Disbursement P-2008 State House 30 IA		
Candidate Name David Jacoby		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 30		

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. Kibbie for Senate		Transaction ID: B202712 Date of Disbursement 10 / 30 / 2007
Mailing Address P.O. Box 190		Amount of Each Disbursement this Period 250.00
City Emmetsburg	State IA Zip Code 50536	
Purpose of Disbursement P-2008 State Senate 04 IA		
Candidate Name John Kibbie		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 04		

Full Name (Last, First, Middle Initial) B. Lundby for Iowa Senate		Transaction ID: B202713 Date of Disbursement 10 / 30 / 2007
Mailing Address PO Box 648		Amount of Each Disbursement this Period 200.00
City Marion	State IA Zip Code 52302	
Purpose of Disbursement P-2008 State Senate 18 IA		
Candidate Name Mary A Lundby		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 18		

Full Name (Last, First, Middle Initial) C. McCarthy for State Representative		Transaction ID: B202714 Date of Disbursement 10 / 30 / 2007
Mailing Address 5220 SE 31st Court		Amount of Each Disbursement this Period 200.00
City Des Moines	State IA Zip Code 50320	
Purpose of Disbursement P-2008 State House 67 IA		
Candidate Name Kevin McCarthy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 67		

SUBTOTAL of Disbursements This Page (optional) ▶	650.00
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)

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<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. Murphy for State Representative		Transaction ID: B202715 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 155 N. Grandview Avenue		Amount of Each Disbursement this Period 250.00	
City Dubuque State IA Zip Code 52001	Purpose of Disbursement P-2008 State House 28 IA Candidate Name Patrick Murphy	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 28	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Oldson for State Representative		Transaction ID: B202716 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 418 38th Place		Amount of Each Disbursement this Period 200.00	
City Des Moines State IA Zip Code 50312	Purpose of Disbursement P-2008 State House 61 IA Candidate Name Jo Oldson	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 61	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Petersen for State Representative		Transaction ID: B202717 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 4300 Beaver Hills Drive		Amount of Each Disbursement this Period 200.00	
City Des Moines State IA Zip Code 50310	Purpose of Disbursement P-2008 State House 64 IA Candidate Name Janet Petersen	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 64	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	650.00
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)

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<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. Rants for State House Committee		Transaction ID: B202718	
Mailing Address 2740 South Glass Street		Date of Disbursement 10 / 30 / 2007	
City Sioux City	State IA	Zip Code 51106	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement P-2008 State House 54 IA		011 Category/ Type	
Candidate Name Christopher C. Rants			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA	District: 54		

Full Name (Last, First, Middle Initial) B. Rielly for Senate		Transaction ID: B202719	
Mailing Address 113 North Market Street		Date of Disbursement 10 / 30 / 2007	
City Oskaloosa	State IA	Zip Code 52577	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement P-2008 State Senate 38 IA		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA	District: 38		

Full Name (Last, First, Middle Initial) C. Soderberg for House		Transaction ID: B202720	
Mailing Address 800 2nd Street SE		Date of Disbursement 10 / 30 / 2007	
City Le Mars	State IA	Zip Code 51031	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement P-2008 State House 03 IA		011 Category/ Type	
Candidate Name Chuck Soderberg			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA	District: 03		

SUBTOTAL of Disbursements This Page (optional)	650.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. Citizens for Struyk		Transaction ID: B202721 Date of Disbursement 10 / 30 / 2007
Mailing Address 219 Carson Avenue		Amount of Each Disbursement this Period 200.00
City Council Bluffs	State IA Zip Code 51503	
Purpose of Disbursement P-2008 State House 99 IA		
Candidate Name Doug Struyk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 99		

Full Name (Last, First, Middle Initial) B. Ward for Senate		Transaction ID: B202722 Date of Disbursement 10 / 30 / 2007
Mailing Address 4205 Oakwood Lane		Amount of Each Disbursement this Period 200.00
City West Des Moines	State IA Zip Code 50265	
Purpose of Disbursement P-2008 State Senate 30 IA		
Candidate Name Pat Ward		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 30		

Full Name (Last, First, Middle Initial) C. Warnstadt for Senate Cmte.		Transaction ID: B202723 Date of Disbursement 10 / 30 / 2007
Mailing Address 3301 Chambers Street		Amount of Each Disbursement this Period 200.00
City Sioux City	State IA Zip Code 51104	
Purpose of Disbursement P-2010 State Senate 01 IA		
Candidate Name Steve H. Warnstadt		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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. Wieck for Iowa Senate

Mailing Address 4362 Old Lakeport Road

City State Zip Code
Sioux City IA 51106

Purpose of Disbursement
P-2010 State Senate 27 IA

Candidate Name
Ron Wieck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 27

Transaction ID: B202724

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Form/Schedule: SA11A1

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.