

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 X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2007 through 11 30 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 12 14 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

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	173925.71									
(c) Total Receipts (from Line 19)	27950.23	343543.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	201875.94	471495.71								
7. Total Disbursements (from Line 31)	47665.57	317285.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	154210.37	154210.37								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

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	27463.61	253999.77
(i) Itemized (use Schedule A)	481.56	88685.06
(ii) Unitemized	27945.17	342684.83
(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)	27945.17	342684.83
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.)	5.06	45.76
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))	27950.23	343543.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27950.23	343543.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	165.57	1285.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	165.57	1285.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	23500.00	138500.00
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.....	24000.00	177500.00
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))..	47665.57	317285.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47665.57	317285.34

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)	27945.17	342684.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27945.17	342684.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	165.57	1285.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	813.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	165.57	472.04

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 297						
	(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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. REBECCA A ABEL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 657 CORAL COURT		Transaction ID: A2007-2208426	
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 ▼ 501.40		

Full Name (Last, First, Middle Initial) B. REBECCA A ABEL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 657 CORAL COURT		Transaction ID: A2007-2323114	
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 ▼ 523.20		

Full Name (Last, First, Middle Initial) C. ERNEST D ADAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 33934 N TREELINE CT		Transaction ID: A2007-2208145	
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 ▼ 434.68		

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: (check only one)	PAGE 7 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. ERNEST D ADAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 33934 N TREELINE CT		Transaction ID: A2007-2322835
City GAGES LAKE	State IL	Zip Code 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 ▼ 453.74	

Full Name (Last, First, Middle Initial) B. JONES G ADUKEH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1226 RIDGEWOOD LANE		Transaction ID: A2007-2208349
City LAKE VILLA	State IL	Zip Code 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 ▼ 689.54	

Full Name (Last, First, Middle Initial) C. JONES G ADUKEH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1226 RIDGEWOOD LANE		Transaction ID: A2007-2323038
City LAKE VILLA	State IL	Zip Code 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 ▼ 721.29	

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:	PAGE 8 / 297
	(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. LORAL ADUKEH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1226 RIDGEWOOD LANE		Transaction ID: A2007-2208412	
City State Zip Code LAKE VILLA IL 60046		Amount of Each Receipt this Period 31.15	
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 ▼ 711.20	

Full Name (Last, First, Middle Initial) B. LORAL ADUKEH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1226 RIDGEWOOD LANE		Transaction ID: A2007-2323100	
City State Zip Code LAKE VILLA IL 60046		Amount of Each Receipt this Period 31.15	
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 ▼ 742.35	

Full Name (Last, First, Middle Initial) C. MICHAEL W AGAR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 200 W MILL VALLEY DR		Transaction ID: A2007-2208319	
City State Zip Code COLLEYVILLE TX 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 ▼ 376.05	

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: (check only one)	PAGE 9 / 297
	<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 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 ▼ 392.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323009

Amount of Each Receipt this Period
16.35

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

Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

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 ▼ 467.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208178

Amount of Each Receipt this Period
20.52

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

Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

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 ▼ 488.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322868

Amount of Each Receipt this Period
20.52

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 / 297
	<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 1 / 0 9 / 2 0 0 7
Mailing Address 244 ELM ROAD		Transaction ID: A2007-2208053
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 ▼ 333.96	

Full Name (Last, First, Middle Initial) B. ROBERT S ALLEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 244 ELM ROAD		Transaction ID: A2007-2322743
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 ▼ 361.79	

Full Name (Last, First, Middle Initial) C. JOHN M ANDERSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1432 S. 10TH ST.		Transaction ID: A2007-2208320
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 ▼ 271.02	

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 / 297
	<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 1 / 2 3 / 2 0 0 7
Mailing Address 1432 S. 10TH ST.		Transaction ID: A2007-2323010
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 ▼ 282.91	

Full Name (Last, First, Middle Initial) B. WILLIAM H AYO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1009 LAKE RIDGE DR.		Transaction ID: A2007-2208130
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 ▼ 376.05	

Full Name (Last, First, Middle Initial) C. WILLIAM H AYO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1009 LAKE RIDGE DR.		Transaction ID: A2007-2322820
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 ▼ 392.40	

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 / 297
	<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 P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
GRAYS LAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1535.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208021

Amount of Each Receipt this Period
67.73

B. Full Name (Last, First, Middle Initial)
JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
GRAYS LAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1602.91

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322711

Amount of Each Receipt this Period
67.73

C. Full Name (Last, First, Middle Initial)
CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City State Zip Code
JACKSONVILLE FL 32224

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

Name of Employer Allstate Insurance Company Occupation AVP-Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 696.42

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208118

Amount of Each Receipt this Period
30.55

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 / 297
	(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 C BAGGS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 4435 SWILCAN BRIDGE LANE N		Transaction ID: A2007-2322808
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 ▼ 726.97	

Full Name (Last, First, Middle Initial) B. DIANE G BAKER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 120 EAST SHERIDAN RD		Transaction ID: A2007-2208114
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 ▼ 1118.28	

Full Name (Last, First, Middle Initial) C. DIANE G BAKER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 120 EAST SHERIDAN RD		Transaction ID: A2007-2322804
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 ▼ 1167.89	

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 / 297
	<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)
ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City	State	Zip Code
AVON	IN	46123

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

Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: A2007-2208322

Amount of Each Receipt this Period

25.86

B. Full Name (Last, First, Middle Initial)
ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City	State	Zip Code
AVON	IN	46123

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

Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 616.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: A2007-2323012

Amount of Each Receipt this Period

25.86

C. Full Name (Last, First, Middle Initial)
GARRY J BALLEK

Mailing Address 1013 MASON LANE

City	State	Zip Code
LAKE IN THE HIL	IL	60156

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: A2007-2208245

Amount of Each Receipt this Period

18.98

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 / 297
	<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)
GARRY J BALLEK

Mailing Address 1013 MASON LANE

City State Zip Code
LAKE IN THE HIL IL 60156

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

Name of Employer Allstate Insurance Company Occupation Unclassified Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 454.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322935

Amount of Each Receipt this Period
18.98

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

Mailing Address 47530 ABERDEEN DR

City State Zip Code
NOVI MI 48374

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208092

Amount of Each Receipt this Period
33.72

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

Mailing Address 47530 ABERDEEN DR

City State Zip Code
NOVI MI 48374

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 799.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322782

Amount of Each Receipt this Period
33.72

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 / 297
	<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 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 ▼ 1473.31

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208425

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 ▼ 1538.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323113

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 ▼ 355.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208206

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 / 297
	<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)
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 ▼ 371.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322896

Amount of Each Receipt this Period
15.46

B. Full Name (Last, First, Middle Initial)
ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City State Zip Code
COLONIA NJ 07067

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208039

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City State Zip Code
COLONIA NJ 07067

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322729

Amount of Each Receipt this Period
19.88

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 / 297
	<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. CANDICE L BEINLICH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1781 TUDOR LANE # 309		Transaction ID: A2007-2208201	
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 ▼ 427.20	

Full Name (Last, First, Middle Initial) B. CANDICE L BEINLICH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1781 TUDOR LANE # 309		Transaction ID: A2007-2322891	
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 ▼ 445.95	

Full Name (Last, First, Middle Initial) C. DIANE BELLAS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 632 Concord Way		Transaction ID: A2007-2208207	
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 ▼ 555.39	

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 / 297
	(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 1 / 2 3 / 2 0 0 7	
Mailing Address 632 Concord Way		Transaction ID: A2007-2322897	
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 ▼ 579.77		

Full Name (Last, First, Middle Initial) B. WALTER A BERKOWICZ		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 405 GATESHEAD DRIVE		Transaction ID: A2007-2208281	
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 ▼ 724.38		

Full Name (Last, First, Middle Initial) C. WALTER A BERKOWICZ		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 405 GATESHEAD DRIVE		Transaction ID: A2007-2322971	
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 ▼ 756.14		

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 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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 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 ▼ 885.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208061

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 ▼ 924.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322751

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 ▼ 438.57

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208131

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 / 297						
	(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)
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 ▼ 457.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322821

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 ▼ 875.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208352

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 ▼ 913.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323041

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 / 297
	<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 1 / 0 9 / 2 0 0 7
Mailing Address 398 Brookmont Lane		Transaction ID: A2007-2208338
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 ▼ 1355.23	

Full Name (Last, First, Middle Initial) B. ROBERT L BLOCK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 398 Brookmont Lane		Transaction ID: A2007-2323027
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 ▼ 1414.85	

Full Name (Last, First, Middle Initial) C. CHARLES A BOLLINGER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 509 GATES HEAD SOUTH		Transaction ID: A2007-2208160
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 ▼ 1098.41	

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 / 297
	(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 A BOLLINGER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 509 GATES HEAD SOUTH		Transaction ID: A2007-2322850
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 ▼ 1146.87	

Full Name (Last, First, Middle Initial) B. CAROL L BONOVIK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 6 N. MILLERS LANE		Transaction ID: A2007-2208270
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 ▼ 364.78	

Full Name (Last, First, Middle Initial) C. CAROL L BONOVIK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 6 N. MILLERS LANE		Transaction ID: A2007-2322960
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 ▼ 380.64	

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 / 297
	<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 1 / 0 9 / 2 0 0 7	
Mailing Address 5550 Maybeck Ln		Transaction ID: A2007-2208422	
City State Zip Code Livermore CA 94550		Amount of Each Receipt this Period 28.79	
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 ▼ 600.02	

Full Name (Last, First, Middle Initial) B. DOUGLAS L BORG		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 5550 Maybeck Ln		Transaction ID: A2007-2323110	
City State Zip Code Livermore CA 94550		Amount of Each Receipt this Period 28.79	
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 ▼ 628.81	

Full Name (Last, First, Middle Initial) C. MICHAEL B BOYLE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1063 CHERRY STREET		Transaction ID: A2007-2208096	
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 ▼ 1680.28	

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: (check only one)	PAGE 25 / 297
	<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 B BOYLE

Mailing Address 1063 CHERRY STREET

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 Info Techn

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1754.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322786

Amount of Each Receipt this Period
73.92

B. Full Name (Last, First, Middle Initial)
RONALD E BRABEC

Mailing Address 2823 TIMBER HILL DR.

City State Zip Code
GRAPEVINE TX 76051

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208370

Amount of Each Receipt this Period
14.30

C. Full Name (Last, First, Middle Initial)
RONALD E BRABEC

Mailing Address 2823 TIMBER HILL DR.

City State Zip Code
GRAPEVINE TX 76051

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323059

Amount of Each Receipt this Period
14.30

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:	PAGE 26 / 297
	(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. LONDON B BRADLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1951 BROADSMORE		Transaction ID: A2007-2208387
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 ▼ 535.99	

Full Name (Last, First, Middle Initial) B. LONDON B BRADLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1951 BROADSMORE		Transaction ID: A2007-2323076
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 ▼ 559.46	

Full Name (Last, First, Middle Initial) C. KENNETH A BRANCH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 28955 NIBLICK KNOLL CT.		Transaction ID: A2007-2208355
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 20.88	
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 ▼ 461.03	

SUBTOTAL of Receipts This Page (optional) ▶	67.82
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 27 / 297
	<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. KENNETH A BRANCH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 28955 NIBLICK KNOLL CT.		Transaction ID: A2007-2323044	
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 20.88		
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 ▼ 481.91		

Full Name (Last, First, Middle Initial) B. JEFFREY P BRASK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 21285 S. BOSCHOME CIRCLE		Transaction ID: A2007-2208230	
City State Zip Code KILDEER 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 Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 453.99		

Full Name (Last, First, Middle Initial) C. JEFFREY P BRASK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 21285 S. BOSCHOME CIRCLE		Transaction ID: A2007-2322920	
City State Zip Code KILDEER 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 Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 473.87		

SUBTOTAL of Receipts This Page (optional) ▶	60.64
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 28 / 297
	<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. SHEILA M BREEDING		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 35 FAIRMONT AVENUE		Transaction ID: A2007-2208044
City State Zip Code SOMERVILLE NJ 08876	Amount of Each Receipt this Period 16.35	
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 ▼ 376.05	

Full Name (Last, First, Middle Initial) B. SHEILA M BREEDING		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 35 FAIRMONT AVENUE		Transaction ID: A2007-2322734
City State Zip Code SOMERVILLE NJ 08876	Amount of Each Receipt this Period 16.35	
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 ▼ 392.40	

Full Name (Last, First, Middle Initial) C. DUDLEY R BRIGHT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 18135 W MEANDER DR		Transaction ID: A2007-2208079
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 ▼ 414.87	

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 / 297
	(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. DUDLEY R BRIGHT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 18135 W MEANDER DR		Transaction ID: A2007-2322769	
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 ▼ 433.06	

Full Name (Last, First, Middle Initial) B. SHAWN L BROADFIELD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1044 APPLE BLOSSOM COURT		Transaction ID: A2007-2208218	
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 ▼ 895.98	

Full Name (Last, First, Middle Initial) C. SHAWN L BROADFIELD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1044 APPLE BLOSSOM COURT		Transaction ID: A2007-2322908	
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 ▼ 935.04	

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 / 297						
	(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. DAVID C BROCK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 305 CHURCHILL LANE		Transaction ID: A2007-2208104	
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 ▼ 793.93	

Full Name (Last, First, Middle Initial) B. DAVID C BROCK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 305 CHURCHILL LANE		Transaction ID: A2007-2322794	
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 ▼ 828.74	

Full Name (Last, First, Middle Initial) C. WILLIAM F BROKAW		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3 MILTON CT		Transaction ID: A2007-2208212	
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 ▼ 457.24	

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:	PAGE 31 / 297
	(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 F BROKAW		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 3 MILTON CT		Transaction ID: A2007-2322902	
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 ▼ 477.12		

Full Name (Last, First, Middle Initial) B. LORRIE K BROUSE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 223 POLK PLACE DRIVE		Transaction ID: A2007-2208107	
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 ▼ 393.60		

Full Name (Last, First, Middle Initial) C. LORRIE K BROUSE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 223 POLK PLACE DRIVE		Transaction ID: A2007-2322797	
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 ▼ 410.85		

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 / 297
	(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)
BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208163

Amount of Each Receipt this Period
19.88

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

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322853

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
MICHAEL E BROWN

Mailing Address 8739 CYPRESS RESERVE CIRCLE

City State Zip Code
ORLANDO FL 32836

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 ▼ 380.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208063

Amount of Each Receipt this Period
21.25

SUBTOTAL of Receipts This Page (optional)	▶	61.01
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 33 / 297
	<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 E BROWN

Mailing Address 8739 CYPRESS RESERVE CIRCLE

City State Zip Code
ORLANDO FL 32836

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 ▼ 398.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322753

Amount of Each Receipt this Period
17.98

B. Full Name (Last, First, Middle Initial)
PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE 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 ▼ 457.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208316

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE 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 ▼ 477.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323006

Amount of Each Receipt this Period
19.88

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 34 / 297
	<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 A BROWN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 9502 STONEY RIDGE ROAD		Transaction ID: A2007-2208091
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 ▼ 286.62	

Full Name (Last, First, Middle Initial) B. PATRICIA A BROWN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 9502 STONEY RIDGE ROAD		Transaction ID: A2007-2322781
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 ▼ 299.11	

Full Name (Last, First, Middle Initial) C. CATHERINE S BRUNE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 190 SAVANNA CT		Transaction ID: A2007-2208117
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 ▼ 3975.07	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 297
	(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. CATHERINE S BRUNE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 190 SAVANNA CT		Transaction ID: A2007-2322807
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 ▼ 4148.15	

Full Name (Last, First, Middle Initial) B. ANNE MARIE L BRUNNER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2514 SOUTH WESLEY AVE		Transaction ID: A2007-2208214
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 ▼ 789.60	

Full Name (Last, First, Middle Initial) C. ANNE MARIE L BRUNNER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2514 SOUTH WESLEY AVE		Transaction ID: A2007-2322904
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 ▼ 824.15	

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 / 297
	<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 BRUSE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1434 WOODACRE DRIVE		Transaction ID: A2007-2208401
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 ▼ 802.80	

Full Name (Last, First, Middle Initial) B. JOHN C BRUSE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1434 WOODACRE DRIVE		Transaction ID: A2007-2323090
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 ▼ 838.10	

Full Name (Last, First, Middle Initial) C. RHONDA J BUBAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 856 SPRINGHILL CT		Transaction ID: A2007-2208164
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 ▼ 348.02	

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: (check only one)	PAGE 37 / 297
	<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 J BUBAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 856 SPRINGHILL CT		Transaction ID: A2007-2322854	
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 ▼ 363.31		

Full Name (Last, First, Middle Initial) B. JOHN E BUCHANAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 26 W. 690 LINDSEY AVE.		Transaction ID: A2007-2208310	
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 ▼ 260.67		

Full Name (Last, First, Middle Initial) C. JOHN E BUCHANAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 26 W. 690 LINDSEY AVE.		Transaction ID: A2007-2323000	
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 ▼ 272.21		

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 / 297
	<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)
DAVID N BUGGS

Mailing Address 12234 85TH AVE

City State Zip Code
PLEASANT PR WI 53158

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 ▼ 737.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208339

Amount of Each Receipt this Period
32.14

B. Full Name (Last, First, Middle Initial)
DAVID N BUGGS

Mailing Address 12234 85TH AVE

City State Zip Code
PLEASANT PR WI 53158

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 ▼ 769.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323028

Amount of Each Receipt this Period
32.14

C. Full Name (Last, First, Middle Initial)
KAREN E BURCKHARDT

Mailing Address 730 E. HAWTHORNE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 941.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208337

Amount of Each Receipt this Period
41.46

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 / 297
	(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. KAREN E BURCKHARDT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 730 E. HAWTHORNE		Transaction ID: A2007-2323026	
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 ▼ 982.58		

Full Name (Last, First, Middle Initial) B. TYRONE A BURNO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 868 CHARLTON ROAD		Transaction ID: A2007-2208073	
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 ▼ 329.58		

Full Name (Last, First, Middle Initial) C. TYRONE A BURNO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 868 CHARLTON ROAD		Transaction ID: A2007-2322763	
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 ▼ 343.99		

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 / 297
	<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 BURNS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2000 N. BROADMOOR LANE		Transaction ID: A2007-2208068
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 ▼ 417.54	

Full Name (Last, First, Middle Initial) B. GREGORY C BURNS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2000 N. BROADMOOR LANE		Transaction ID: A2007-2322758
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 ▼ 435.84	

Full Name (Last, First, Middle Initial) C. PEGGY BURROWS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2628 HALSEY DRIVE		Transaction ID: A2007-2208367
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 ▼ 653.89	

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 / 297
	<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. PEGGY BURROWS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2628 HALSEY DRIVE		Transaction ID: A2007-2323056
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 ▼ 682.32	

Full Name (Last, First, Middle Initial) B. CECILE A BUTLER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 9309 ELIZABETH LANE		Transaction ID: A2007-2208008
City State Zip Code SPRING GROVE IL 60081	Amount of Each Receipt this Period 86.76	
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 ▼ 1975.53	

Full Name (Last, First, Middle Initial) C. CECILE A BUTLER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 9309 ELIZABETH LANE		Transaction ID: A2007-2322699
City State Zip Code SPRING GROVE IL 60081	Amount of Each Receipt this Period 86.76	
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 ▼ 2062.29	

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: (check only one)	PAGE 42 / 297
	<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)
D C BUTLER III

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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 ▼ 1202.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208115

Amount of Each Receipt this Period
52.73

B. Full Name (Last, First, Middle Initial)
D C BUTLER III

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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 ▼ 1255.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322805

Amount of Each Receipt this Period
52.73

C. Full Name (Last, First, Middle Initial)
RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City State Zip Code
POMPANO BEACH FL 33062

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 ▼ 356.89

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208120

Amount of Each Receipt this Period
15.68

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 / 297
	<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)
RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City State Zip Code
POMPANO BEACH FL 33062

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 ▼ 372.57

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322810

Amount of Each Receipt this Period
15.68

B. Full Name (Last, First, Middle Initial)
DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1371.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208323

Amount of Each Receipt this Period
60.41

C. Full Name (Last, First, Middle Initial)
DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1431.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323013

Amount of Each Receipt this Period
60.41

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: (check only one)	PAGE 44 / 297
	<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 M CANTWELL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 335 DEVON COURT		Transaction ID: A2007-2208082
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 ▼ 328.90	

Full Name (Last, First, Middle Initial) B. JOHN M CANTWELL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 335 DEVON COURT		Transaction ID: A2007-2322772
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 ▼ 343.20	

Full Name (Last, First, Middle Initial) C. IRIS M CHESTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 643 ST GEORGE CT		Transaction ID: A2007-2208348
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 ▼ 486.88	

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 / 297
	<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. IRIS M CHESTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 643 ST GEORGE CT		Transaction ID: A2007-2323037
City State Zip Code LAKE FOREST IL 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 ▼ 508.42	

Full Name (Last, First, Middle Initial) B. VIRGINIA O CHIAPPETTA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 165 ARLINGTON AVE		Transaction ID: A2007-2208290
City State Zip Code ELMHURST IL 60126	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.65
Name of Employer Allstate Insurance Company	Occupation Communication Senior Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.37	

Full Name (Last, First, Middle Initial) C. VIRGINIA O CHIAPPETTA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 165 ARLINGTON AVE		Transaction ID: A2007-2322980
City State Zip Code ELMHURST IL 60126	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.65
Name of Employer Allstate Insurance Company	Occupation Communication Senior Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.02	

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 / 297
	(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. SCOTT M CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 20713 LEXINGTON LANE		Transaction ID: A2007-2208271	
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 ▼ 847.67		

Full Name (Last, First, Middle Initial) B. SCOTT M CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 20713 LEXINGTON LANE		Transaction ID: A2007-2322961	
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 ▼ 884.91		

Full Name (Last, First, Middle Initial) C. BRIAN L CLARK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 504 FLORENCE DRIVE		Transaction ID: A2007-2208354	
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 ▼ 343.82		

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:	PAGE 47 / 297
	(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 L CLARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 504 FLORENCE DRIVE		Transaction ID: A2007-2323043	
City MADISON	State MS	Zip Code 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 ▼ 358.91		

Full Name (Last, First, Middle Initial) B. EDWARD T CLARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2907 GLENARYE DR		Transaction ID: A2007-2208299	
City LINDENHURST	State IL	Zip Code 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 ▼ 440.01		

Full Name (Last, First, Middle Initial) C. EDWARD T CLARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2907 GLENARYE DR		Transaction ID: A2007-2322989	
City LINDENHURST	State IL	Zip Code 60046	Amount of Each Receipt this Period 23.74
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 ▼ 463.75		

SUBTOTAL of Receipts This Page (optional) ▶	58.17
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:	PAGE 48 / 297
	(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 A CLARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 26115 N 104TH WAY		Transaction ID: A2007-2208040	
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 ▼ 978.52		

Full Name (Last, First, Middle Initial) B. MICHAEL A CLARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 26115 N 104TH WAY		Transaction ID: A2007-2322730	
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 ▼ 1021.32		

Full Name (Last, First, Middle Initial) C. MARK P CLOGHESSY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4343 LAWN AVE		Transaction ID: A2007-2208152	
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 ▼ 755.63		

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 / 297
	<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 WESTERN SPRINGS State IL Zip Code 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 ▼ 788.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322842

Amount of Each Receipt this Period
33.17

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

Mailing Address 4667 TAMWORTH DR

City PALM HARBOR State FL Zip Code 34685

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 634.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208297

Amount of Each Receipt this Period
27.83

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

Mailing Address 4667 TAMWORTH DR

City PALM HARBOR State FL Zip Code 34685

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 662.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322987

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 / 297
	<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 ▼ 716.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208257

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 ▼ 748.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322947

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 ▼ 956.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208202

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 / 297
	(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. EDWARD T COLLINS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 809 DUNHILL COURT		Transaction ID: A2007-2322892	
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 ▼ 995.80		

Full Name (Last, First, Middle Initial) B. LARRY K CONLEE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4516 LINSCOTT AVE		Transaction ID: A2007-2208242	
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 ▼ 377.60		

Full Name (Last, First, Middle Initial) C. LARRY K CONLEE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4516 LINSCOTT AVE		Transaction ID: A2007-2322932	
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 ▼ 396.06		

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 / 297
	<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 ▼ 666.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208261

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 ▼ 695.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322951

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 ▼ 1519.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208362

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 / 297
	<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)
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 ▼ 1586.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323051

Amount of Each Receipt this Period
66.85

B. Full Name (Last, First, Middle Initial)
THOMAS J CREAGH

Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code
ARLINGTON HTS IL 60004

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 ▼ 454.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208042

Amount of Each Receipt this Period
19.79

C. Full Name (Last, First, Middle Initial)
THOMAS J CREAGH

Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code
ARLINGTON HTS IL 60004

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 ▼ 474.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322732

Amount of Each Receipt this Period
19.79

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: (check only one)	PAGE 54 / 297
	<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 G CRIMMINS		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 218 S KASPAR		Transaction ID: A2007-2208161
City ARLINGTON HGTS.	State IL	Zip Code 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 ▼ 1599.30	

Full Name (Last, First, Middle Initial) B. WILLIAM G CRIMMINS		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 218 S KASPAR		Transaction ID: A2007-2322851
City ARLINGTON HGTS.	State IL	Zip Code 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 ▼ 1669.62	

Full Name (Last, First, Middle Initial) C. FREDERICK F CRIPE		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 277 N. BILTMORE DRIVE		Transaction ID: A2007-2208154
City N. BARRINGTON	State IL	Zip Code 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 ▼ 1774.63	

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:	PAGE 55 / 297						
	(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. FREDERICK F CRIPE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 277 N. BILTMORE DRIVE		Transaction ID: A2007-2322844	
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 ▼ 1855.40		

Full Name (Last, First, Middle Initial) B. RICHARD C CRIST JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 14 CARDINAL DRIVE		Transaction ID: A2007-2208074	
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 ▼ 1556.60		

Full Name (Last, First, Middle Initial) C. RICHARD C CRIST JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 14 CARDINAL DRIVE		Transaction ID: A2007-2322764	
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 ▼ 1625.03		

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: (check only one)	PAGE 56 / 297
	<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. JOAN M CROCKETT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 27 RIVER BEND CT		Transaction ID: A2007-2208135
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 ▼ 2669.64	

Full Name (Last, First, Middle Initial) B. JOAN M CROCKETT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 27 RIVER BEND CT		Transaction ID: A2007-2322825
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 ▼ 2787.02	

Full Name (Last, First, Middle Initial) C. WILLIAM DALY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 22425 N LINDEN DR.		Transaction ID: A2007-2208060
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 ▼ 882.99	

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 / 297						
	(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)
WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

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 ▼ 923.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322750

Amount of Each Receipt this Period
40.15

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

Mailing Address 1020 Pleasant Street #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 787.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208103

Amount of Each Receipt this Period
34.47

C. Full Name (Last, First, Middle Initial)
ROBERT W DANIELS

Mailing Address 1020 Pleasant Street #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 822.39

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322793

Amount of Each Receipt this Period
34.47

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: (check only one)	PAGE 58 / 297
	<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. SAM DE FRANK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 5 COURT OF HIDDEN WELLS		Transaction ID: A2007-2208209
City NORTHBROOK State IL Zip Code 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	Aggregate Year-to-Date ▼ 751.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SAM DE FRANK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 5 COURT OF HIDDEN WELLS		Transaction ID: A2007-2322899
City NORTHBROOK State IL Zip Code 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	Aggregate Year-to-Date ▼ 784.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RANDAL S DECOURSEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 6710 BLUE RIDGE LANE		Transaction ID: A2007-2208205
City LINCOLN State NE Zip Code 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	Aggregate Year-to-Date ▼ 678.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 / 297
	(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 1 1 / 2 3 / 2 0 0 7
Mailing Address 6710 BLUE RIDGE LANE		Transaction ID: A2007-2322895
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 ▼ 708.90	

Full Name (Last, First, Middle Initial) B. STEVEN J DEGNAN-SCHMIDT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1320 MULBERRY LN.		Transaction ID: A2007-2208139
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 ▼ 808.50	

Full Name (Last, First, Middle Initial) C. STEVEN J DEGNAN-SCHMIDT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1320 MULBERRY LN.		Transaction ID: A2007-2322829
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 ▼ 843.95	

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 / 297
	(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 MM / DD / YYYY 11 / 09 / 2007
Mailing Address 453 PRAIRIE		Transaction ID: A2007-2208313
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 ▼ 1183.70	

Full Name (Last, First, Middle Initial) B. JEFFREY F DEIGL		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 453 PRAIRIE		Transaction ID: A2007-2323003
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 ▼ 1235.92	

Full Name (Last, First, Middle Initial) C. LORI A DESCH		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 5 TREGONWELL COURT		Transaction ID: A2007-2208129
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 ▼ 716.25	

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 / 297
	<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)
LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City State Zip Code
ALGONQUIN IL 60102

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 ▼ 747.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322819

Amount of Each Receipt this Period
31.65

B. Full Name (Last, First, Middle Initial)
KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILL IL 60102

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 ▼ 371.68

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208334

Amount of Each Receipt this Period
16.41

C. Full Name (Last, First, Middle Initial)
KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILL IL 60102

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 ▼ 388.09

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323023

Amount of Each Receipt this Period
16.41

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: (check only one)	PAGE 62 / 297
	<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. LEO DISHEL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 340 E 74TH ST APT 6C		Transaction ID: A2007-2208038	
City State Zip Code NEW YORK NY 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 ▼ 463.95	

Full Name (Last, First, Middle Initial) B. LEO DISHEL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 340 E 74TH ST APT 6C		Transaction ID: A2007-2322728	
City State Zip Code NEW YORK NY 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 ▼ 484.25	

Full Name (Last, First, Middle Initial) C. SARAH R DONAHUE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4147 RFD		Transaction ID: A2007-2208289	
City State Zip Code LONG GROVE IL 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 ▼ 1269.98	

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 / 297
	(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. SARAH R DONAHUE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4147 RFD		Transaction ID: A2007-2322979	
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 ▼ 1325.93		

Full Name (Last, First, Middle Initial) B. PHILIP J DORN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 12 SAINT JOHN DRIVE		Transaction ID: A2007-2208407	
City HAWTHORN WOODS	State IL	Zip Code 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 Investor Relations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 477.46		

Full Name (Last, First, Middle Initial) C. PHILIP J DORN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 12 SAINT JOHN DRIVE		Transaction ID: A2007-2323095	
City HAWTHORN WOODS	State IL	Zip Code 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 Investor Relations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.34		

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 / 297
	(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 Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1706 ADLER LANE		Transaction ID: A2007-2208077
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 ▼ 454.89	

Full Name (Last, First, Middle Initial) B. DANIEL C DRESSEL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1706 ADLER LANE		Transaction ID: A2007-2322767
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 ▼ 474.77	

Full Name (Last, First, Middle Initial) C. JAMES M DUDAS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 109 LORRAINE DRIVE		Transaction ID: A2007-2208137
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 ▼ 408.57	

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 / 297
	<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 MM / DD / YYYY 11 / 23 / 2007
Mailing Address 109 LORRAINE DRIVE		Transaction ID: A2007-2322827
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 ▼ 426.41	

Full Name (Last, First, Middle Initial) B. TIMOTHY R DUGAN		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 3220 SANDY LANE		Transaction ID: A2007-2208395
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 ▼ 675.70	

Full Name (Last, First, Middle Initial) C. TIMOTHY R DUGAN		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 3220 SANDY LANE		Transaction ID: A2007-2323084
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 ▼ 705.35	

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 / 297
	<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 DULIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1301 NORMANDY CT		Transaction ID: A2007-2208116
City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 15.22	
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 ▼ 347.46	

Full Name (Last, First, Middle Initial) B. WILLIAM F DULIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1301 NORMANDY CT		Transaction ID: A2007-2322806
City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 15.22	
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 ▼ 362.68	

Full Name (Last, First, Middle Initial) C. LAURA DUNNE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1810 BALMORAL AVE		Transaction ID: A2007-2208274
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 22.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Strategy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.55	

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 / 297
	<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. LAURA DUNNE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1810 BALMORAL AVE		Transaction ID: A2007-2322964
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 22.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Strategy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 523.74	

Full Name (Last, First, Middle Initial) B. DANIEL P DURBIN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1311 SOUTH WALNUT AVE.		Transaction ID: A2007-2208295
City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 27.70	
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 ▼ 631.75	

Full Name (Last, First, Middle Initial) C. DANIEL P DURBIN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1311 SOUTH WALNUT AVE.		Transaction ID: A2007-2322985
City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 27.70	
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 ▼ 659.45	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 297
	(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 EDELEN		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 1250 So Indiana - Unit 1309		Transaction ID: A2007-2208062
City State Zip Code Chicago IL 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 ▼ 960.97	

Full Name (Last, First, Middle Initial) B. JOHN EDELEN		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 1250 So Indiana - Unit 1309		Transaction ID: A2007-2322752
City State Zip Code Chicago IL 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 ▼ 1002.94	

Full Name (Last, First, Middle Initial) C. PHILIP L EMMANUELE		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 1085 FOREST HILL RD.		Transaction ID: A2007-2208041
City State Zip Code LAKE FOREST IL 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 ▼ 1367.75	

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: (check only one)	PAGE 69 / 297
	<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)
PHILIP L EMMANUELE

Mailing Address 1085 FOREST HILL 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 Marketing Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1427.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322731

Amount of Each Receipt this Period
60.00

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 790.31

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208304

Amount of Each Receipt this Period
34.69

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322994

Amount of Each Receipt this Period
34.69

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 / 297
	(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 L ESCOBAR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 660 BALMORAL LANE		Transaction ID: A2007-2208023	
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 ▼ 1141.96		

Full Name (Last, First, Middle Initial) B. MICHAEL L ESCOBAR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 660 BALMORAL LANE		Transaction ID: A2007-2322713	
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 ▼ 1192.14		

Full Name (Last, First, Middle Initial) C. RICHARD B ESPINOZA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 673 HASTINGS ROAD		Transaction ID: A2007-2208225	
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 ▼ 707.51		

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: (check only one)	PAGE 71 / 297
	<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)
RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 738.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322915

Amount of Each Receipt this Period
31.02

B. Full Name (Last, First, Middle Initial)
THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
BARRINGTON IL 60010

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 ▼ 950.33

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208058

Amount of Each Receipt this Period
41.69

C. Full Name (Last, First, Middle Initial)
THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
BARRINGTON IL 60010

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 ▼ 992.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322748

Amount of Each Receipt this Period
41.69

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 / 297
	<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 ▼ 1860.63

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208200

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 ▼ 1942.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322890

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 ▼ 863.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208347

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 / 297
	(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. KATHRYN L FABYAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 21209 WEST YORKSHIRE DRIVE		Transaction ID: A2007-2323036	
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 ▼ 901.10		

Full Name (Last, First, Middle Initial) B. GORDON S FALKNOR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 703 E CHERRY LN		Transaction ID: A2007-2208222	
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 ▼ 1046.29		

Full Name (Last, First, Middle Initial) C. GORDON S FALKNOR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 703 E CHERRY LN		Transaction ID: A2007-2322912	
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 ▼ 1092.28		

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 / 297
	<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 Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 918 JUNIPER ROAD		Transaction ID: A2007-2208326
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 ▼ 583.60	

Full Name (Last, First, Middle Initial) B. CAROLYN A FILIPOVIC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 918 JUNIPER ROAD		Transaction ID: A2007-2323016
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 ▼ 609.15	

Full Name (Last, First, Middle Initial) C. STEVEN FINE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 40375 N. SEA EAGLE CT		Transaction ID: A2007-2208066
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 ▼ 567.75	

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:	PAGE 75 / 297
	(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. STEVEN FINE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 40375 N. SEA EAGLE CT		Transaction ID: A2007-2322756
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 ▼ 592.65	

Full Name (Last, First, Middle Initial) B. DARYLL D FLETCHER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 22256 W MASHI CT		Transaction ID: A2007-2208192
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 ▼ 634.33	

Full Name (Last, First, Middle Initial) C. DARYLL D FLETCHER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 22256 W MASHI CT		Transaction ID: A2007-2322882
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 ▼ 662.22	

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 / 297
	(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 F FOGARTY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 613 REX		Transaction ID: A2007-2208217	
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 ▼ 842.83		

Full Name (Last, First, Middle Initial) B. KELLY F FOGARTY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 613 REX		Transaction ID: A2007-2322907	
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 ▼ 879.91		

Full Name (Last, First, Middle Initial) C. ANGELA K FONTANA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1280 WILD ROSE LANE		Transaction ID: A2007-2208377	
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 ▼ 348.48		

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 / 297
	<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)
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 ▼ 363.79

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323066

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 ▼ 417.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208288

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 ▼ 436.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322978

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 / 297
	<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 W FRIDLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 945 Shermer Road		Transaction ID: A2007-2208143
City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 74.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company Occupation Senior Managing Director	Aggregate Year-to-Date ▼ 1620.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PATRICIA W FRIDLEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 945 Shermer Road		Transaction ID: A2007-2322833
City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 74.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company Occupation Senior Managing Director	Aggregate Year-to-Date ▼ 1695.27	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KARL A FRIEDMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 333 DUNLEER DRIVE		Transaction ID: A2007-2208238
City CARY State IL Zip Code 60013	Amount of Each Receipt this Period 17.13	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior	Aggregate Year-to-Date ▼ 377.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 / 297
	<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. KARL A FRIEDMAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 333 DUNLEER DRIVE		Transaction ID: A2007-2322928	
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 17.13		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Allstate Financial Senior		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.85		

Full Name (Last, First, Middle Initial) B. ERIC M FRISVOLD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1404 SHETLAND DR		Transaction ID: A2007-2208374	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 14.67		
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 ▼ 335.26		

Full Name (Last, First, Middle Initial) C. ERIC M FRISVOLD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1404 SHETLAND DR		Transaction ID: A2007-2323063	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 14.67		
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 ▼ 349.93		

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:	PAGE 80 / 297
	(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. MATTHEW D FULLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 350 EDGE FIELD LANE		Transaction ID: A2007-2208142	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77		
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 ▼ 914.71		

Full Name (Last, First, Middle Initial) B. MATTHEW D FULLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 350 EDGE FIELD LANE		Transaction ID: A2007-2322832	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77		
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 ▼ 954.48		

Full Name (Last, First, Middle Initial) C. ANGELA FUSCO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 22255 MASHIE CT		Transaction ID: A2007-2208076	
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 26.97		
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 ▼ 615.41		

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 / 297
	<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 1 / 2 3 / 2 0 0 7
Mailing Address 22255 MASHIE CT		Transaction ID: A2007-2322766
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 ▼ 642.38	

Full Name (Last, First, Middle Initial) B. VINCENT A FUSCO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 6 SUGAR MAPLE COURT		Transaction ID: A2007-2208020
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 ▼ 512.22	

Full Name (Last, First, Middle Initial) C. VINCENT A FUSCO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 6 SUGAR MAPLE COURT		Transaction ID: A2007-2322710
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 ▼ 534.88	

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 / 297
	<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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 5610 SOUTH 88th STREET		Transaction ID: A2007-2208380	
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 ▼ 512.90	

Full Name (Last, First, Middle Initial) B. DOUGLAS F GAER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 5610 SOUTH 88th STREET		Transaction ID: A2007-2323069	
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 ▼ 535.20	

Full Name (Last, First, Middle Initial) C. PATRICK C GALLERY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2321 WEST STEEPLECHASE		Transaction ID: A2007-2208080	
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 ▼ 1333.51	

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 / 297
	(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 1 / 2 3 / 2 0 0 7
Mailing Address 2321 WEST STEEPLECHASE		Transaction ID: A2007-2322770
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 ▼ 1392.14	

Full Name (Last, First, Middle Initial) B. KAREN C GARDNER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1434 BAFFIN ROAD		Transaction ID: A2007-2208378
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 ▼ 1551.13	

Full Name (Last, First, Middle Initial) C. KAREN C GARDNER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1434 BAFFIN ROAD		Transaction ID: A2007-2323067
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 ▼ 1619.31	

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: (check only one)	PAGE 84 / 297
	<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. JOSEPH E GARNETT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 507 OLD WALNUT CIRCLE		Transaction ID: A2007-2208027
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 ▼ 433.74	

Full Name (Last, First, Middle Initial) B. JOSEPH E GARNETT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 507 OLD WALNUT CIRCLE		Transaction ID: A2007-2322717
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 ▼ 452.72	

Full Name (Last, First, Middle Initial) C. LYNN A GEHANT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 23W650 WOODWORTH PLACE		Transaction ID: A2007-2208226
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 ▼ 823.51	

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 / 297
	(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 1 / 2 3 / 2 0 0 7	
Mailing Address 23W650 WOODWORTH PLACE		Transaction ID: A2007-2322916	
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 ▼ 859.58	

Full Name (Last, First, Middle Initial) B. NICK GEORGAKOPOULOS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1846 N. HALSTED ST. #2		Transaction ID: A2007-2208251	
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 ▼ 355.19	

Full Name (Last, First, Middle Initial) C. NICK GEORGAKOPOULOS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1846 N. HALSTED ST. #2		Transaction ID: A2007-2322941	
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 ▼ 370.92	

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:	PAGE 86 / 297						
	(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. BONNIE S GILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1570 EDGEFIELD LANE		Transaction ID: A2007-2208379	
City State Zip Code HOFFMAN ESTATES IL 60195		Amount of Each Receipt this Period 30.53	
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 ▼ 694.63	

Full Name (Last, First, Middle Initial) B. BONNIE S GILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1570 EDGEFIELD LANE		Transaction ID: A2007-2323068	
City State Zip Code HOFFMAN ESTATES IL 60195		Amount of Each Receipt this Period 30.53	
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 ▼ 725.16	

Full Name (Last, First, Middle Initial) C. JOAN GILMORE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 656 S BUCKINGHAM CT		Transaction ID: A2007-2208024	
City State Zip Code LAKE FOREST IL 60045		Amount of Each Receipt this Period 39.77	
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 ▼ 976.77	

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:	PAGE 87 / 297
	(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)
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 ▼ 1016.54

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322714

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 ▼ 1614.54

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208268

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 ▼ 1685.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322958

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 / 297
	<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 J GLOD

Mailing Address 1016 N. DERBYSHIRE

City State Zip Code
ARLINGTON HTS IL 60004

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 ▼ 426.91

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208199

Amount of Each Receipt this Period
18.62

B. Full Name (Last, First, Middle Initial)
ROBERT J GLOD

Mailing Address 1016 N. DERBYSHIRE

City State Zip Code
ARLINGTON HTS IL 60004

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 ▼ 445.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322889

Amount of Each Receipt this Period
18.62

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

Mailing Address 124 FLEETS COVE ROAD

City State Zip Code
HUNTINGTON NY 11743

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208025

Amount of Each Receipt this Period
16.35

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 / 297
	<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 Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 124 FLEETS COVE ROAD		Transaction ID: A2007-2322715	
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 ▼ 392.40	

Full Name (Last, First, Middle Initial) B. BARBARA H GOHR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1601 OLD BARN CIRCLE		Transaction ID: A2007-2208128	
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 ▼ 612.10	

Full Name (Last, First, Middle Initial) C. BARBARA H GOHR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1601 OLD BARN CIRCLE		Transaction ID: A2007-2322818	
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 ▼ 638.99	

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 / 297
	(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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 10 MULBERRY LN		Transaction ID: A2007-2208184	
City HAWTHORN WOODS	State IL	Zip Code 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 ▼ 477.91		

Full Name (Last, First, Middle Initial) B. BRUCE R GOLDBERG		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 10 MULBERRY LN		Transaction ID: A2007-2322874	
City HAWTHORN WOODS	State IL	Zip Code 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 ▼ 497.79		

Full Name (Last, First, Middle Initial) C. DENNIS C GOMEZ		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3 ROBERT COURT		Transaction ID: A2007-2208055	
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 ▼ 818.73		

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: (check only one)	PAGE 91 / 297
	<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 C GOMEZ		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 3 ROBERT COURT		Transaction ID: A2007-2322745
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 ▼ 878.20	

Full Name (Last, First, Middle Initial) B. ANN A GOULD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 4071 NEWPORT LANE		Transaction ID: A2007-2208434
City State Zip Code ARLINGTON HTS IL 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 ▼ 725.47	

Full Name (Last, First, Middle Initial) C. ANN A GOULD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 4071 NEWPORT LANE		Transaction ID: A2007-2323122
City State Zip Code ARLINGTON HTS IL 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 ▼ 757.31	

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 / 297
	(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. GEORGE F GRAWE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 18799 GUNN HIGHWAY		Transaction ID: A2007-2208125	
City State Zip Code ODESSA FL 33556		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 ▼ 477.91	

Full Name (Last, First, Middle Initial) B. GEORGE F GRAWE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 18799 GUNN HIGHWAY		Transaction ID: A2007-2322815	
City State Zip Code ODESSA FL 33556		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 ▼ 497.79	

Full Name (Last, First, Middle Initial) C. PAMELA P GRAY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 50 E. BELLEVUE PL. #2402		Transaction ID: A2007-2208357	
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 ▼ 574.98	

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 / 297
	<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 1 / 2 3 / 2 0 0 7	
Mailing Address 50 E. BELLEVUE PL. #2402		Transaction ID: A2007-2323046	
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 ▼ 600.19		

Full Name (Last, First, Middle Initial) B. JUDITH P GREFFIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 948 NORTH EUCLID AVENUE		Transaction ID: A2007-2208147	
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 ▼ 949.22		

Full Name (Last, First, Middle Initial) C. JUDITH P GREFFIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 948 NORTH EUCLID AVENUE		Transaction ID: A2007-2322837	
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 ▼ 995.37		

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: (check only one)	PAGE 94 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
MARK A GRELLA

Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code
WEST CHESTER PA 19380

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 ▼ 1094.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208052

Amount of Each Receipt this Period
48.13

B. Full Name (Last, First, Middle Initial)
MARK A GRELLA

Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code
WEST CHESTER PA 19380

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 ▼ 1142.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322742

Amount of Each Receipt this Period
48.13

C. Full Name (Last, First, Middle Initial)
MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City State Zip Code
WESTBURY NY 11590

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

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 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208043

Amount of Each Receipt this Period
16.35

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 / 297
	(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. MARYLIN H GROOM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 170 ASPINWALL STREET		Transaction ID: A2007-2322733
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 ▼ 359.70	

Full Name (Last, First, Middle Initial) B. GREGORY J GUIDOS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 804 QUEENS HARBOR BLVD		Transaction ID: A2007-2208325
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 ▼ 511.06	

Full Name (Last, First, Middle Initial) C. GREGORY J GUIDOS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 804 QUEENS HARBOR BLVD		Transaction ID: A2007-2323015
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 ▼ 533.37	

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 / 297
	<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 F HAAS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 6509 E. BETTY ELYSE LANE		Transaction ID: A2007-2208411
City State Zip Code SCOTTSDALE AZ 85254	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.54
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 ▼ 423.72	

Full Name (Last, First, Middle Initial) B. JOHN F HAAS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 6509 E. BETTY ELYSE LANE		Transaction ID: A2007-2323099
City State Zip Code SCOTTSDALE AZ 85254	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.54
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 ▼ 442.26	

Full Name (Last, First, Middle Initial) C. KIRK HAGGARD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 6608 OCASO DRIVE		Transaction ID: A2007-2208430
City State Zip Code CASTLE ROCK CO 80108	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 27.34
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 ▼ 622.32	

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:	PAGE 97 / 297						
	(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. KIRK HAGGARD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 6608 OCASO DRIVE		Transaction ID: A2007-2323118	
City State Zip Code CASTLE ROCK CO 80108	Amount of Each Receipt this Period 31.44		
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 ▼ 653.76		

Full Name (Last, First, Middle Initial) B. JAMES W HAIDU		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3 South Wynstone		Transaction ID: A2007-2208278	
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 52.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Ivantage AVP Specialty Li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1189.95		

Full Name (Last, First, Middle Initial) C. JAMES W HAIDU		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 3 South Wynstone		Transaction ID: A2007-2322968	
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 52.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Ivantage AVP Specialty Li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1242.18		

SUBTOTAL of Receipts This Page (optional) ▶	135.90
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 98 / 297
	<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 HAIR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 17 NORTH TRAIL		Transaction ID: A2007-2208435
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 ▼ 587.58	

Full Name (Last, First, Middle Initial) B. ROBERT F HAIR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 17 NORTH TRAIL		Transaction ID: A2007-2323123
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 ▼ 613.29	

Full Name (Last, First, Middle Initial) C. DANNY L HALE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1071 OLMSTED DRIVE		Transaction ID: A2007-2208346
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 ▼ 3197.98	

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: (check only one)	PAGE 99 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
DANNY L HALE

Mailing Address 1071 OLMSTED DRIVE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation SVP Chf Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3338.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323035

Amount of Each Receipt this Period
140.61

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208303

Amount of Each Receipt this Period
17.19

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 412.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322993

Amount of Each Receipt this Period
17.19

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 / 297
	<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)
RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 705.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208388

Amount of Each Receipt this Period
30.93

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

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 736.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323077

Amount of Each Receipt this Period
30.93

C. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3048.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208439

Amount of Each Receipt this Period
132.55

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 / 297
	(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 L HARRISON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1141 WINNERS CIRCLE		Transaction ID: A2007-2323127	
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 ▼ 3181.20	

Full Name (Last, First, Middle Initial) B. FREDRICH A HATCH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 8313 STRATHMORE LANE		Transaction ID: A2007-2208408	
City State Zip Code ROANOKE VA 24019		Amount of Each Receipt this Period 16.35	
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 ▼ 376.05	

Full Name (Last, First, Middle Initial) C. FREDRICH A HATCH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 8313 STRATHMORE LANE		Transaction ID: A2007-2323096	
City State Zip Code ROANOKE VA 24019		Amount of Each Receipt this Period 16.35	
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 ▼ 392.40	

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 / 297
	(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 Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 636 ROSEDALE AVE		Transaction ID: A2007-2208140
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 ▼ 360.12	

Full Name (Last, First, Middle Initial) B. KEITH A HAUSCHILDT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 636 ROSEDALE AVE		Transaction ID: A2007-2322830
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 ▼ 376.03	

Full Name (Last, First, Middle Initial) C. DANIEL J HEBEL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 28365 West Big Hollow Road		Transaction ID: A2007-2208138
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 ▼ 1479.22	

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 / 297
	(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 1 1 / 2 3 / 2 0 0 7
Mailing Address 28365 West Big Hollow Road		Transaction ID: A2007-2322828
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 ▼ 1544.24	

Full Name (Last, First, Middle Initial) B. RICHARD J HENEBERRY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 23 CLAYTON		Transaction ID: A2007-2208165
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 ▼ 545.49	

Full Name (Last, First, Middle Initial) C. RICHARD J HENEBERRY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 23 CLAYTON		Transaction ID: A2007-2322855
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 ▼ 569.42	

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:	PAGE 104 / 297						
	(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. ROBERT L HERRING		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4337 SPRUCE BOUGH DR		Transaction ID: A2007-2208351	
City State Zip Code MARIETTA GA 30062	Amount of Each Receipt this Period 29.55		
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 ▼ 674.00		

Full Name (Last, First, Middle Initial) B. ROBERT L HERRING		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4337 SPRUCE BOUGH DR		Transaction ID: A2007-2323040	
City State Zip Code MARIETTA GA 30062	Amount of Each Receipt this Period 29.55		
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 ▼ 703.55		

Full Name (Last, First, Middle Initial) C. EDDIE H HILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 701 GOODLAND AVE.		Transaction ID: A2007-2208093	
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 ▼ 327.64		

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 / 297
	<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 1 / 2 3 / 2 0 0 7	
Mailing Address 701 GOODLAND AVE.		Transaction ID: A2007-2322783	
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 ▼ 342.02	

Full Name (Last, First, Middle Initial) B. WILLIAM G HILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2935 GLENARYE DRIVE		Transaction ID: A2007-2208102	
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 ▼ 1870.24	

Full Name (Last, First, Middle Initial) C. WILLIAM G HILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2935 GLENARYE DRIVE		Transaction ID: A2007-2322792	
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 ▼ 1953.32	

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: (check only one)	PAGE 106 / 297
	<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. SHERYL L HODGES		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 2510 OAK AVENUE		Transaction ID: A2007-2208256
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 ▼ 354.36	

Full Name (Last, First, Middle Initial) B. SHERYL L HODGES		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 2510 OAK AVENUE		Transaction ID: A2007-2322946
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 ▼ 369.88	

Full Name (Last, First, Middle Initial) C. LINDA M HONOUR		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 8 PELHAM ROAD		Transaction ID: A2007-2208442
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 ▼ 495.42	

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 / 297
	<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 M HONOUR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 8 PELHAM ROAD		Transaction ID: A2007-2323130	
City WESTON State MA Zip Code 02493	Amount of Each Receipt this Period 43.08		
FEC ID number of contributing federal political committee. C			
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 ▼ 538.50		

Full Name (Last, First, Middle Initial) B. MERRILD A HOOVER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 49 DORAL STREET		Transaction ID: A2007-2208106	
City HURRICANE State WV Zip Code 25526	Amount of Each Receipt this Period 22.68		
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 ▼ 520.54		

Full Name (Last, First, Middle Initial) C. MERRILD A HOOVER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 49 DORAL STREET		Transaction ID: A2007-2322796	
City HURRICANE State WV Zip Code 25526	Amount of Each Receipt this Period 22.68		
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 ▼ 543.22		

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:	PAGE 108 / 297
	(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. F M HORD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1937 Veterans Blvd		Transaction ID: A2007-2208157	
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 ▼ 255.96	

Full Name (Last, First, Middle Initial) B. F M HORD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1937 Veterans Blvd		Transaction ID: A2007-2322847	
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 ▼ 284.40	

Full Name (Last, First, Middle Initial) C. MARY L HUBER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1532 NORTH BELMONT AVE.		Transaction ID: A2007-2208342	
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 ▼ 457.24	

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: (check only one)	PAGE 109 / 297
	<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)
MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323031

Amount of Each Receipt this Period
19.88

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

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
JACKSONVILLE FL 32259

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208084

Amount of Each Receipt this Period
14.64

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

Mailing Address 1225 N. BURGANDY TRAIL

City State Zip Code
JACKSONVILLE FL 32259

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322774

Amount of Each Receipt this Period
14.64

SUBTOTAL of Receipts This Page (optional) ► 49.16

TOTAL This Period (last page this line 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 / 297
	<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 ▼ 996.33

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208253

Amount of Each Receipt this Period
43.48

B. 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 ▼ 1039.81

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322943

Amount of Each Receipt this Period
43.48

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 ▼ 356.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208081

Amount of Each Receipt this Period
15.50

SUBTOTAL of Receipts This Page (optional)	▶	102.46
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 111 / 297
	(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 A IRVIN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 6352 CRAGIE HILL CT		Transaction ID: A2007-2322771
City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 15.50	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Regional Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

Full Name (Last, First, Middle Initial) B. LYNNE A IVERSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 890 BLAZING STAR TRAIL		Transaction ID: A2007-2208208
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 ▼ 568.63	

Full Name (Last, First, Middle Initial) C. LYNNE A IVERSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 890 BLAZING STAR TRAIL		Transaction ID: A2007-2322898
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 ▼ 595.96	

SUBTOTAL of Receipts This Page (optional) ▶	70.16
TOTAL This Period (last page this line 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 / 297
	<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 1 / 0 9 / 2 0 0 7	
Mailing Address 3602 FRANKLIN CT.		Transaction ID: A2007-2208185	
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 ▼ 611.44	

Full Name (Last, First, Middle Initial) B. MICHAEL A JACKOWSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 3602 FRANKLIN CT.		Transaction ID: A2007-2322875	
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 ▼ 687.87	

Full Name (Last, First, Middle Initial) C. BOB A JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 226 Maison Court		Transaction ID: A2007-2208398	
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 ▼ 488.24	

SUBTOTAL of Receipts This Page (optional) ▶	172.74
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 113 / 297
	(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. BOB A JACKSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 226 Maison Court		Transaction ID: A2007-2323087
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 ▼ 508.12	

Full Name (Last, First, Middle Initial) B. JAMES C JAMIESON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 25 BRUCE CIRCLE NORTH		Transaction ID: A2007-2208179
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 31.89	
FEC ID number of contributing federal political committee. C		
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 ▼ 726.62	

Full Name (Last, First, Middle Initial) C. JAMES C JAMIESON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 25 BRUCE CIRCLE NORTH		Transaction ID: A2007-2322869
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 31.89	
FEC ID number of contributing federal political committee. C		
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 ▼ 758.51	

SUBTOTAL of Receipts This Page (optional) ▶	83.66
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 114 / 297
	(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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 479 FLOCK AVENUE		Transaction ID: A2007-2208413	
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 ▼ 296.64		

Full Name (Last, First, Middle Initial) B. LINDA K JANCIK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 479 FLOCK AVENUE		Transaction ID: A2007-2323101	
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 ▼ 309.62		

Full Name (Last, First, Middle Initial) C. LARRY D JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 21943 W VERNON RIDGE DRIVE		Transaction ID: A2007-2208159	
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 ▼ 1211.56		

SUBTOTAL of Receipts This Page (optional) ▶	78.95
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 115 / 297
	(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. LARRY D JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 21943 W VERNON RIDGE DRIVE		Transaction ID: A2007-2322849	
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 ▼ 1264.55		

Full Name (Last, First, Middle Initial) B. RONALD JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1726 R.F.D		Transaction ID: A2007-2208393	
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 ▼ 337.85		

Full Name (Last, First, Middle Initial) C. RONALD JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1726 R.F.D		Transaction ID: A2007-2323082	
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 ▼ 352.67		

SUBTOTAL of Receipts This Page (optional) ▶	82.63
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 116 / 297
	(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. LEWIS L JONES		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address P.O. BOX 498		Transaction ID: A2007-2208105	
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 ▼ 370.89	

Full Name (Last, First, Middle Initial) B. LEWIS L JONES		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address P.O. BOX 498		Transaction ID: A2007-2322795	
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 ▼ 387.17	

Full Name (Last, First, Middle Initial) C. DOLORES M JOSSUND		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4242 W. HARRINGTON LANE		Transaction ID: A2007-2208239	
City State Zip Code CHICAGO IL 60646		Amount of Each Receipt this Period 39.77	
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 ▼ 945.74	

SUBTOTAL of Receipts This Page (optional) ▶	72.33
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:	PAGE 117 / 297
	(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. DOLORES M JOSSUND		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4242 W. HARRINGTON LANE		Transaction ID: A2007-2322929	
City State Zip Code CHICAGO IL 60646	Amount of Each Receipt this Period 39.77		
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 ▼ 985.51		

Full Name (Last, First, Middle Initial) B. JOHN A KANE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1 LONGLEY PLACE		Transaction ID: A2007-2208028	
City State Zip Code HUNTINGTON STA NY 11746	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 ▼ 375.85		

Full Name (Last, First, Middle Initial) C. JOHN A KANE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1 LONGLEY PLACE		Transaction ID: A2007-2322718	
City State Zip Code HUNTINGTON STA NY 11746	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 ▼ 392.20		

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: (check only one)	PAGE 118 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
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 ▼ 356.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208333

Amount of Each Receipt this Period
15.59

B. 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 ▼ 372.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323022

Amount of Each Receipt this Period
15.59

C. Full Name (Last, First, Middle Initial)
JEFF L KAUFMAN

Mailing Address 5271 SERENE VIEW WAY

City State Zip Code
PARKER CO 80134

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 ▼ 1783.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208404

Amount of Each Receipt this Period
83.08

SUBTOTAL of Receipts This Page (optional) ► 114.26

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:	PAGE 119 / 297
	(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. JEFF L KAUFMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 5271 SERENE VIEW WAY		Transaction ID: A2007-2323093
City PARKER	State CO	Zip Code 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 ▼ 1866.63	

Full Name (Last, First, Middle Initial) B. MARY KEITH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2309 RFD		Transaction ID: A2007-2208429
City LONG GROVE	State IL	Zip Code 60047
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.80	

Full Name (Last, First, Middle Initial) C. MARY KEITH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2309 RFD		Transaction ID: A2007-2323117
City LONG GROVE	State IL	Zip Code 60047
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.90	

SUBTOTAL of Receipts This Page (optional)	117.28
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 120 / 297
	<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. TERRY KELAHER		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 924 W. CHESTERFIELD CT.		Transaction ID: A2007-2208249
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 ▼ 1836.99	

Full Name (Last, First, Middle Initial) B. TERRY KELAHER		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 924 W. CHESTERFIELD CT.		Transaction ID: A2007-2322939
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 ▼ 1917.62	

Full Name (Last, First, Middle Initial) C. DAVID E KENNEY		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 622 SEDGWICK DR.		Transaction ID: A2007-2208279
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 ▼ 453.91	

SUBTOTAL of Receipts This Page (optional)	181.08
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 121 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. DAVID E KENNEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 622 SEDGWICK DR.		Transaction ID: A2007-2322969
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 19.82	
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 ▼ 473.73	

Full Name (Last, First, Middle Initial) B. DARON K KERSTEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 548 TIMBER RIDGE DR		Transaction ID: A2007-2208121
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 ▼ 526.39	

Full Name (Last, First, Middle Initial) C. DARON K KERSTEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 548 TIMBER RIDGE DR		Transaction ID: A2007-2322811
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 ▼ 549.47	

SUBTOTAL of Receipts This Page (optional) ▶	65.98
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 122 / 297
	(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. CHRISTOPHER R KIAH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1975 ROSE TERRACE		Transaction ID: A2007-2208010
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 ▼ 987.29	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER R KIAH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1975 ROSE TERRACE		Transaction ID: A2007-2322701
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 ▼ 1030.41	

Full Name (Last, First, Middle Initial) C. CURTIS L KIBLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1332 BAY MEADOWS DR		Transaction ID: A2007-2208181
City State Zip Code BARTLETT IL 60103	Amount of Each Receipt this Period 36.90	
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 ▼ 839.90	

SUBTOTAL of Receipts This Page (optional) ▶	123.14
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 123 / 297
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. CURTIS L KIBLER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1332 BAY MEADOWS DR		Transaction ID: A2007-2322871
City State Zip Code BARTLETT IL 60103	Amount of Each Receipt this Period 36.90	
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 ▼ 876.80	

Full Name (Last, First, Middle Initial) B. PAUL N KIERIG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 200 OXFORD RD		Transaction ID: A2007-2208233
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 ▼ 559.91	

Full Name (Last, First, Middle Initial) C. PAUL N KIERIG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 200 OXFORD RD		Transaction ID: A2007-2322923
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 ▼ 584.40	

SUBTOTAL of Receipts This Page (optional) ▶	85.88
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 124 / 297
(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)
BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Audit Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 396.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: A2007-2208090

Amount of Each Receipt this Period

17.42

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

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Audit Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 414.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: A2007-2322780

Amount of Each Receipt this Period

17.42

C. Full Name (Last, First, Middle Initial)
JAMES P KING

Mailing Address 592 TURNER AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 810.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: A2007-2208308

Amount of Each Receipt this Period

35.48

SUBTOTAL of Receipts This Page (optional) ►

70.32

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 125 / 297
	(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 P KING		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 592 TURNER AVENUE		Transaction ID: A2007-2322998	
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 ▼ 846.37		

Full Name (Last, First, Middle Initial) B. LAURA S KISTNER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 22047 W. PETOSKEY CT		Transaction ID: A2007-2208364	
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 ▼ 386.78		

Full Name (Last, First, Middle Initial) C. LAURA S KISTNER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 22047 W. PETOSKEY CT		Transaction ID: A2007-2323053	
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 ▼ 404.09		

SUBTOTAL of Receipts This Page (optional) ▶	70.10
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: (check only one)	PAGE 126 / 297
	<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 T KLODZINSKI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 12085 Pond View Ct		Transaction ID: A2007-2208267	
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 ▼ 215.33		

Full Name (Last, First, Middle Initial) B. STEVEN T KLODZINSKI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 12085 Pond View Ct		Transaction ID: A2007-2322957	
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 ▼ 224.79		

Full Name (Last, First, Middle Initial) C. KEITH A KNAPP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 175 Macarthur Dr #3712		Transaction ID: A2007-2208151	
City State Zip Code Willowbrook IL 60527	Amount of Each Receipt this Period 17.74		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Director DSN & CONST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.62		

SUBTOTAL of Receipts This Page (optional) ▶	36.66
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 127 / 297
	(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 KNAPP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 175 Macarthur Dr #3712		Transaction ID: A2007-2322841
City State Zip Code Willowbrook IL 60527	Amount of Each Receipt this Period 17.74	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Director DSN & CONST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.36	

Full Name (Last, First, Middle Initial) B. JEFFREY D KNIPP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2050 GLENDALE AVE		Transaction ID: A2007-2208385
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 ▼ 639.46	

Full Name (Last, First, Middle Initial) C. JEFFREY D KNIPP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2050 GLENDALE AVE		Transaction ID: A2007-2323074
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 ▼ 667.58	

SUBTOTAL of Receipts This Page (optional) ▶	73.98
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 128 / 297						
	(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. MARY G KNIPP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2050 GLENDALE AVENUE		Transaction ID: A2007-2208170	
City NORTHBROOK	State IL	Zip Code 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 ▼ 475.94		

Full Name (Last, First, Middle Initial) B. MARY G KNIPP		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2050 GLENDALE AVENUE		Transaction ID: A2007-2322860	
City NORTHBROOK	State IL	Zip Code 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 ▼ 495.82		

Full Name (Last, First, Middle Initial) C. GARY L KOCHANЕК		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 743 CARDIGAN CT		Transaction ID: A2007-2208188	
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 ▼ 752.10		

SUBTOTAL of Receipts This Page (optional) ▶	72.46
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 129 / 297						
	(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)
GARY L KOCHANЕК

Mailing Address 743 CARDIGAN CT

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 784.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322878

Amount of Each Receipt this Period
32.70

B. Full Name (Last, First, Middle Initial)
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

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 ▼ 955.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208183

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

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 ▼ 995.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322873

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional)	▶	112.24
TOTAL This Period (last page this line 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 / 297
	<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 LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City State Zip Code
LAKE BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1533.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208237

Amount of Each Receipt this Period
67.29

B. Full Name (Last, First, Middle Initial)
MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City State Zip Code
LAKE BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1601.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322927

Amount of Each Receipt this Period
67.29

C. 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 ▼ 1014.21

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208032

Amount of Each Receipt this Period
44.72

SUBTOTAL of Receipts This Page (optional)	▶	179.30
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 131 / 297
	<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. ANTHONY LASKA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2707 SKYLINE DRIVE		Transaction ID: A2007-2322722
City State Zip Code CRYSTAL LAKE IL 60012		Amount of Each Receipt this Period 44.72
FEC ID number of contributing federal political committee. C		
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 ▼ 1058.93	

Full Name (Last, First, Middle Initial) B. DEBORAH G LAWRENCE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 910 S MICHIGAN AVE #1501		Transaction ID: A2007-2208158
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 ▼ 457.24	

Full Name (Last, First, Middle Initial) C. DEBORAH G LAWRENCE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 910 S MICHIGAN AVE #1501		Transaction ID: A2007-2322848
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 ▼ 477.12	

SUBTOTAL of Receipts This Page (optional) ▶	84.48
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 132 / 297
	<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)
PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code
WINTER PARK FL 32789

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 ▼ 1655.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208392

Amount of Each Receipt this Period
73.04

B. Full Name (Last, First, Middle Initial)
PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code
WINTER PARK FL 32789

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 ▼ 1728.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323081

Amount of Each Receipt this Period
73.04

C. Full Name (Last, First, Middle Initial)
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code
CHICAGO IL 60605

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 ▼ 1310.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208019

Amount of Each Receipt this Period
57.57

SUBTOTAL of Receipts This Page (optional)	▶	203.65
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 133 / 297
	<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 Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 910 S MICHIGAN AVE #1503		Transaction ID: A2007-2322709	
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 ▼ 1368.03		

Full Name (Last, First, Middle Initial) B. MICHELLE LEE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1404 100TH AVENUE NE		Transaction ID: A2007-2208437	
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 ▼ 1318.89		

Full Name (Last, First, Middle Initial) C. MICHELLE LEE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1404 100TH AVENUE NE		Transaction ID: A2007-2323125	
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 ▼ 1377.34		

SUBTOTAL of Receipts This Page (optional) ▶	174.47
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 134 / 297						
	(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. SUSAN L LEES		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 1705 DARTMOUTH LN		Transaction ID: A2007-2208009
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.55
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 ▼ 555.69	

Full Name (Last, First, Middle Initial) B. SUSAN L LEES		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 1705 DARTMOUTH LN		Transaction ID: A2007-2322700
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.55
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 ▼ 580.24	

Full Name (Last, First, Middle Initial) C. ANDREW P LEICHT		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 25658 N ARROWHEAD		Transaction ID: A2007-2208193
City MUNDELEIN	State IL	Zip Code 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 ▼ 751.87	

SUBTOTAL of Receipts This Page (optional)	81.79
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 135 / 297
	<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)
ANDREW P LEICHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code
MUNDELEIN IL 60060

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 ▼ 784.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322883

Amount of Each Receipt this Period
32.69

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

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208263

Amount of Each Receipt this Period
21.68

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

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322953

Amount of Each Receipt this Period
21.68

SUBTOTAL of Receipts This Page (optional)	▶	76.05
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:	PAGE 136 / 297
	(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 LEVINE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 9372 S 35TH STREET		Transaction ID: A2007-2208361
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 ▼ 265.69	

Full Name (Last, First, Middle Initial) B. GARY L LEVINE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 9372 S 35TH STREET		Transaction ID: A2007-2323050
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 ▼ 277.32	

Full Name (Last, First, Middle Initial) C. KELLY J LIEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 3 BEDFORD COURT		Transaction ID: A2007-2208414
City State Zip Code HAWTHORN WOODS IL 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 ▼ 395.93	

SUBTOTAL of Receipts This Page (optional) ▶	40.62
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: (check only one)	PAGE 137 / 297
	<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. KELLY J LIEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 3 BEDFORD COURT		Transaction ID: A2007-2323102	
City HAWTHORN WOODS	State IL	Zip Code 60047	Amount of Each Receipt this Period 18.35
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 ▼ 414.28		

Full Name (Last, First, Middle Initial) B. CHARLES M LITTLE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 20 STONEGATE POINT		Transaction ID: A2007-2208359	
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 ▼ 315.44		

Full Name (Last, First, Middle Initial) C. CHARLES M LITTLE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 20 STONEGATE POINT		Transaction ID: A2007-2323048	
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 ▼ 329.27		

SUBTOTAL of Receipts This Page (optional) ▶	46.01
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 138 / 297
	(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. TERESA G LOGUE		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 7187 PRESIDENTIAL DRIVE		Transaction ID: A2007-2208215
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 22.44
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 ▼ 507.93	

Full Name (Last, First, Middle Initial) B. TERESA G LOGUE		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 7187 PRESIDENTIAL DRIVE		Transaction ID: A2007-2322905
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 22.44
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 ▼ 530.37	

Full Name (Last, First, Middle Initial) C. CHRISTOPHER T LONGEWAY		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 1134 W. PATTERSON #1		Transaction ID: A2007-2208248
City State Zip Code CHICAGO IL 60613	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.05
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 ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	72.93
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: (check only one)	PAGE 139 / 297
	<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 Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1134 W. PATTERSON #1		Transaction ID: A2007-2322938
City State Zip Code CHICAGO IL 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 ▼ 668.05	

Full Name (Last, First, Middle Initial) B. RICHARD E LOTT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 4666 SW HAMMOCK CREEK DR		Transaction ID: A2007-2208124
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 ▼ 376.05	

Full Name (Last, First, Middle Initial) C. RICHARD E LOTT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 4666 SW HAMMOCK CREEK DR		Transaction ID: A2007-2322814
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 ▼ 392.40	

SUBTOTAL of Receipts This Page (optional) ▶	60.75
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 140 / 297
	<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. JOHN C LOUNDS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 4424 STONEHAVEN		Transaction ID: A2007-2208331
City LONG GROVE	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.81
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 ▼ 836.76	

Full Name (Last, First, Middle Initial) B. JOHN C LOUNDS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 4424 STONEHAVEN		Transaction ID: A2007-2323020
City LONG GROVE	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.81
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 ▼ 873.57	

Full Name (Last, First, Middle Initial) C. COREY C LUECHT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 843 Spring Cove Dr		Transaction ID: A2007-2208266
City SCHAUMBURG	State IL	Zip Code 60193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.23
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 ▼ 370.23	

SUBTOTAL of Receipts This Page (optional)	▶	97.85
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 141 / 297
	<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. COREY C LUECHT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 843 Spring Cove Dr		Transaction ID: A2007-2322956	
City State Zip Code SCHAUMBURG IL 60193	Amount of Each Receipt this Period 18.46		
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 ▼ 388.69		

Full Name (Last, First, Middle Initial) B. BENJAMIN E LUMICAO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 343 S. DEARBORN ST. APT. 504		Transaction ID: A2007-2208292	
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 ▼ 698.52		

Full Name (Last, First, Middle Initial) C. BENJAMIN E LUMICAO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 343 S. DEARBORN ST. APT. 504		Transaction ID: A2007-2322982	
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 ▼ 729.16		

SUBTOTAL of Receipts This Page (optional) ▶	79.74
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 297
	<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 MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208341

Amount of Each Receipt this Period
23.99

B. Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323030

Amount of Each Receipt this Period
23.99

C. Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

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 ▼ 862.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208031

Amount of Each Receipt this Period
37.85

SUBTOTAL of Receipts This Page (optional)	▶	85.83
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 143 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. MORRIS A MADURO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address PO BOX 4343		Transaction ID: A2007-2322721
City NAPERVILLE	State IL	Zip Code 60567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.85
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 ▼ 900.25	

Full Name (Last, First, Middle Initial) B. KATHERINE MALCOMSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 185 NILES EAST		Transaction ID: A2007-2208328
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.18
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 ▼ 436.99	

Full Name (Last, First, Middle Initial) C. KATHERINE MALCOMSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 185 NILES EAST		Transaction ID: A2007-2323018
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.18
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 ▼ 456.17	

SUBTOTAL of Receipts This Page (optional) ▶	76.21
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 144 / 297
	<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. DENISE MANDIGO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 38727 N DREXEL		Transaction ID: A2007-2322872
City ANTIOCH	State IL	Zip Code 60002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
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 ▼ 212.55	

Full Name (Last, First, Middle Initial) B. FELIX A MANTILLA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 28601 N. Sky Crest Drive		Transaction ID: A2007-2208343
City Ivanhoe	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.10
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 ▼ 1071.26	

Full Name (Last, First, Middle Initial) C. FELIX A MANTILLA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 28601 N. Sky Crest Drive		Transaction ID: A2007-2323032
City Ivanhoe	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.10
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 ▼ 1118.36	

SUBTOTAL of Receipts This Page (optional)	110.55
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 145 / 297
	(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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2311 HAVERTON DR		Transaction ID: A2007-2208198	
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 ▼ 412.16		

Full Name (Last, First, Middle Initial) B. KENNETH P MARCOTTE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2311 HAVERTON DR		Transaction ID: A2007-2322888	
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 ▼ 430.23		

Full Name (Last, First, Middle Initial) C. MICHAEL P MARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3178 HAVEN LANE		Transaction ID: A2007-2208269	
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 ▼ 588.35		

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 146 / 297
	<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 1 / 2 3 / 2 0 0 7	
Mailing Address 3178 HAVEN LANE		Transaction ID: A2007-2322959	
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 ▼ 626.02		

Full Name (Last, First, Middle Initial) B. JOHN R MATHEWS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 401 E NORTH AVENUE		Transaction ID: A2007-2208293	
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 ▼ 477.40		

Full Name (Last, First, Middle Initial) C. JOHN R MATHEWS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 401 E NORTH AVENUE		Transaction ID: A2007-2322983	
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 ▼ 497.28		

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 147 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. W. D Mays		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 256 Post Oak Drive		Transaction ID: A2007-2208101
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 ▼ 417.40	

Full Name (Last, First, Middle Initial) B. W. D Mays		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 256 Post Oak Drive		Transaction ID: A2007-2322791
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 ▼ 435.60	

Full Name (Last, First, Middle Initial) C. MICHAEL J MC CABE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 8 S. WYNSTONE DRIVE		Transaction ID: A2007-2208406
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 ▼ 2608.66	

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:	PAGE 148 / 297						
	(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)
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 ▼ 2728.43

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323094

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 ▼ 1716.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208277

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 ▼ 1791.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322967

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: PAGE 149 / 297
(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)
JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 907.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208224

Amount of Each Receipt this Period
39.76

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 947.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322914

Amount of Each Receipt this Period
39.76

C. Full Name (Last, First, Middle Initial)
PATRICIA M MCCARTHY

Mailing Address 222 STONE FENCE ROAD

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 457.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208046

Amount of Each Receipt this Period
19.88

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: PAGE 150 / 297
(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)
PATRICIA M MCCARTHY

Mailing Address 222 STONE FENCE ROAD

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 477.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322736

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Manager Bonus

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 306.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208275

Amount of Each Receipt this Period
13.44

C. Full Name (Last, First, Middle Initial)
SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Manager Bonus

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 319.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322965

Amount of Each Receipt this Period
13.44

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: (check only one)	PAGE 151 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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 D MCCLELLAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2206 W. LAWRENCE LANE		Transaction ID: A2007-2208273
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 ▼ 346.94	

Full Name (Last, First, Middle Initial) B. BRIAN D MCCLELLAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2206 W. LAWRENCE LANE		Transaction ID: A2007-2322963
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 ▼ 362.12	

Full Name (Last, First, Middle Initial) C. JOSEPH P MCCORMICK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 808 PARKDALE CT.		Transaction ID: A2007-2208088
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 ▼ 367.90	

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 152 / 297
	(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 P MCCORMICK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 808 PARKDALE CT.		Transaction ID: A2007-2322778	
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 ▼ 384.00	

Full Name (Last, First, Middle Initial) B. MARK A MCGILLIVRAY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1028 PORTSMOUTH CIRCLE		Transaction ID: A2007-2208415	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 20.82	
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 ▼ 471.23	

Full Name (Last, First, Middle Initial) C. MARK A MCGILLIVRAY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1028 PORTSMOUTH CIRCLE		Transaction ID: A2007-2323103	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 20.82	
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 ▼ 492.05	

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 153 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. EVA M MCINTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 28 MANCERA		Transaction ID: A2007-2208410	
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 ▼ 690.80	

Full Name (Last, First, Middle Initial) B. EVA M MCINTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 28 MANCERA		Transaction ID: A2007-2323098	
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 ▼ 720.90	

Full Name (Last, First, Middle Initial) C. MICHAEL MCKINNEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1207 DEVENS DRIVE		Transaction ID: A2007-2208097	
City State Zip Code BRENTWOOD TN 37027		Amount of Each Receipt this Period 49.05	
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 ▼ 1031.45	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 154 / 297						
	(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)
MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City State Zip Code
BRENTWOOD TN 37027

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 ▼
1080.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322787

Amount of Each Receipt this Period
49.05

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

Mailing Address 3133 N. Walker Lane West

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208420

Amount of Each Receipt this Period
16.35

C. Full Name (Last, First, Middle Initial)
PATRICIA S MCPHERSON

Mailing Address 3133 N. Walker Lane West

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.85

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323108

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional)	▶	81.75
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 155 / 297
	<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)
JEFFREY J MCRAE

Mailing Address 1213 THORNDALE LN

City State Zip Code
LAKE ZURICH IL 60047

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 ▼ 475.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208133

Amount of Each Receipt this Period
20.88

B. Full Name (Last, First, Middle Initial)
JEFFREY J MCRAE

Mailing Address 1213 THORNDALE LN

City State Zip Code
LAKE ZURICH IL 60047

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 ▼ 496.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322823

Amount of Each Receipt this Period
20.88

C. Full Name (Last, First, Middle Initial)
STACY L MCWHORTER

Mailing Address 6345 OLD FARM LANE

City State Zip Code
GURNEE IL 60031

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 ▼ 259.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208306

Amount of Each Receipt this Period
11.38

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 156 / 297
	<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)
STACY L MCWHORTER

Mailing Address 6345 OLD FARM LANE

City State Zip Code
GURNEE IL 60031

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 ▼ 270.67

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322996

Amount of Each Receipt this Period
11.38

B. Full Name (Last, First, Middle Initial)
DANIEL K MEHIGAN

Mailing Address 1829 GATEWOOD DR

City State Zip Code
GURNEE IL 60031

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 ▼ 263.17

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208336

Amount of Each Receipt this Period
11.54

C. Full Name (Last, First, Middle Initial)
DANIEL K MEHIGAN

Mailing Address 1829 GATEWOOD DR

City State Zip Code
GURNEE IL 60031

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 ▼ 274.71

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323025

Amount of Each Receipt this Period
11.54

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: (check only one)	PAGE 157 / 297
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. GARY A MELLINI		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 21050 PRESTWICK DRIVE		Transaction ID: A2007-2208026	
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 ▼ 738.69		

Full Name (Last, First, Middle Initial) B. GARY A MELLINI		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 21050 PRESTWICK DRIVE		Transaction ID: A2007-2322716	
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 ▼ 771.16		

Full Name (Last, First, Middle Initial) C. JANE M MELLON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 184 GARFIELD		Transaction ID: A2007-2208204	
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 ▼ 945.88		

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 158 / 297
	<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 1 1 / 2 3 / 2 0 0 7	
Mailing Address 184 GARFIELD		Transaction ID: A2007-2322894	
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 ▼ 985.65		

Full Name (Last, First, Middle Initial) B. HANS H METZINGER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 407 E. CLAIRE LANE		Transaction ID: A2007-2208259	
City State Zip Code PROSPECT HTS IL 60070	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 ▼ 401.54		

Full Name (Last, First, Middle Initial) C. HANS H METZINGER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 407 E. CLAIRE LANE		Transaction ID: A2007-2322949	
City State Zip Code PROSPECT HTS IL 60070	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 ▼ 417.89		

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 159 / 297
	(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 W MICHELI

Mailing Address 1328 FOREVER AVE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP-ENCOMPASS FINANCE & D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.27

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208033

Amount of Each Receipt this Period
13.24

B. Full Name (Last, First, Middle Initial)
JOHN W MICHELI

Mailing Address 1328 FOREVER AVE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP-ENCOMPASS FINANCE & D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322723

Amount of Each Receipt this Period
13.24

C. Full Name (Last, First, Middle Initial)
JACK C MIGDAL

Mailing Address 4240 FOREST GLEN DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60195

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208049

Amount of Each Receipt this Period
16.35

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:	PAGE 160 / 297
	(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. JACK C MIGDAL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 4240 FOREST GLEN DRIVE		Transaction ID: A2007-2322739
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 ▼ 392.40	

Full Name (Last, First, Middle Initial) B. FREDERICK J MILLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 6975 MEADOW POINT TER		Transaction ID: A2007-2208153
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 ▼ 517.03	

Full Name (Last, First, Middle Initial) C. FREDERICK J MILLER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 6975 MEADOW POINT TER		Transaction ID: A2007-2322843
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 ▼ 539.79	

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:	PAGE 161 / 297						
	(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)
STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code
ALGONQUIN IL 60102

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 ▼ 461.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208321

Amount of Each Receipt this Period
20.87

B. Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code
ALGONQUIN IL 60102

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 ▼ 482.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323011

Amount of Each Receipt this Period
20.87

C. Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

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 ▼ 548.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208126

Amount of Each Receipt this Period
24.15

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: (check only one)	PAGE 162 / 297
	<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 1 / 2 3 / 2 0 0 7	
Mailing Address 25264 MCINTYRE SQUARE		Transaction ID: A2007-2322816	
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 ▼ 572.25	

Full Name (Last, First, Middle Initial) B. APRIL A MINKUS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1132 GREENTREE ST.		Transaction ID: A2007-2208252	
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 ▼ 346.54	

Full Name (Last, First, Middle Initial) C. APRIL A MINKUS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1132 GREENTREE ST.		Transaction ID: A2007-2322942	
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 ▼ 361.72	

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:	PAGE 163 / 297						
	(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. NEIL J MINNICH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 405 N. WABASH AVE. UNIT 4210		Transaction ID: A2007-2208013	
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 39.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Underwriting Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.21		

Full Name (Last, First, Middle Initial) B. ALLISON MISQUEZ		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4449 ORIOLE CT		Transaction ID: A2007-2208423	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 13.51		
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 ▼ 308.13		

Full Name (Last, First, Middle Initial) C. ALLISON MISQUEZ		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4449 ORIOLE CT		Transaction ID: A2007-2323111	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 13.51		
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 ▼ 321.64		

SUBTOTAL of Receipts This Page (optional) ▶	66.69
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:	PAGE 164 / 297
	(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. ALLISON L MOE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 215 Brampton Lane		Transaction ID: A2007-2208229
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 14.50	
FEC ID number of contributing federal political committee. C		
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 ▼ 329.31	

Full Name (Last, First, Middle Initial) B. ALLISON L MOE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 215 Brampton Lane		Transaction ID: A2007-2322919
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 16.15	
FEC ID number of contributing federal political committee. C		
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 ▼ 345.46	

Full Name (Last, First, Middle Initial) C. LAWRENCE P MOEWS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 740 W. JENNIFER CT.		Transaction ID: A2007-2208196
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 ▼ 1124.11	

SUBTOTAL of Receipts This Page (optional) ▶	80.06
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: (check only one)	PAGE 165 / 297
	<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 1 / 2 3 / 2 0 0 7	
Mailing Address 740 W. JENNIFER CT.		Transaction ID: A2007-2322886	
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 ▼ 1173.52		

Full Name (Last, First, Middle Initial) B. MARCIE E MOLEK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 400 KEVIN LANE		Transaction ID: A2007-2208210	
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 ▼ 488.45		

Full Name (Last, First, Middle Initial) C. MARCIE E MOLEK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 400 KEVIN LANE		Transaction ID: A2007-2322900	
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 ▼ 509.90		

SUBTOTAL of Receipts This Page (optional) ▶	92.31
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 166 / 297
	<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)
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City State Zip Code
EDMONDS WA 98026

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 ▼ 376.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208419

Amount of Each Receipt this Period
16.35

B. Full Name (Last, First, Middle Initial)
SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City State Zip Code
EDMONDS WA 98026

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 ▼ 392.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323107

Amount of Each Receipt this Period
16.35

C. 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 ▼ 1108.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208087

Amount of Each Receipt this Period
48.63

SUBTOTAL of Receipts This Page (optional)	81.33
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:	PAGE 167 / 297
	(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. EDWARD J MORAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 131 ADELAIDE UNIT 406		Transaction ID: A2007-2322777	
City State Zip Code ELMHURST IL 60126		Amount of Each Receipt this Period 48.63	
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 ▼ 1157.25	

Full Name (Last, First, Middle Initial) B. KAREN S MORRIS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 27707 LA VISTA DRIVE		Transaction ID: A2007-2208296	
City State Zip Code MUNDELEIN IL 60060		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 ▼ 906.13	

Full Name (Last, First, Middle Initial) C. KAREN S MORRIS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 27707 LA VISTA DRIVE		Transaction ID: A2007-2322986	
City State Zip Code MUNDELEIN IL 60060		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 ▼ 945.89	

SUBTOTAL of Receipts This Page (optional) ▶	128.15
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 168 / 297
	<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)
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 ▼
313.87

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208110

Amount of Each Receipt this Period
14.14

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 ▼
328.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322800

Amount of Each Receipt this Period
14.14

C. Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Sales Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
651.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208203

Amount of Each Receipt this Period
28.35

SUBTOTAL of Receipts This Page (optional) ► **56.63**

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 169 / 297
	(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. LARRY E MOSER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 611 W. BURNING TREE LANE		Transaction ID: A2007-2322893	
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 ▼ 680.00	

Full Name (Last, First, Middle Initial) B. MEGHAN O MULVIHILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-2208094	
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 ▼ 675.64	

Full Name (Last, First, Middle Initial) C. MEGHAN O MULVIHILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-2322784	
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 ▼ 706.78	

SUBTOTAL of Receipts This Page (optional) ▶	90.63
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 170 / 297
	(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 F MULVIHILL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-2208189	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 36.84		
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 ▼ 839.42		

Full Name (Last, First, Middle Initial) B. MICHAEL F MULVIHILL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		Transaction ID: A2007-2322879	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 36.84		
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 ▼ 876.26		

Full Name (Last, First, Middle Initial) C. MICHAEL A MURPHY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 233 WOOD CREEK ROAD #305		Transaction ID: A2007-2208375	
City State Zip Code WHEELING IL 60090	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 ▼ 914.48		

SUBTOTAL of Receipts This Page (optional) ▶	113.44
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:	PAGE 171 / 297
	(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 A MURPHY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 233 WOOD CREEK ROAD #305		Transaction ID: A2007-2323064	
City State Zip Code WHEELING IL 60090		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 ▼ 954.24	

Full Name (Last, First, Middle Initial) B. LINDA MYERS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2333 CENTRAL ST #101		Transaction ID: A2007-2208365	
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 ▼ 358.57	

Full Name (Last, First, Middle Initial) C. LINDA MYERS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2333 CENTRAL ST #101		Transaction ID: A2007-2323054	
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 ▼ 374.26	

SUBTOTAL of Receipts This Page (optional) ▶	71.14
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 172 / 297
	(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. DAVID G NADIG		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2950 LAKE PLACID		Transaction ID: A2007-2208315
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 ▼ 1100.25	

Full Name (Last, First, Middle Initial) B. DAVID G NADIG		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2950 LAKE PLACID		Transaction ID: A2007-2323005
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 ▼ 1148.79	

Full Name (Last, First, Middle Initial) C. BRIAN J NAGEL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1211 AIMTREE		Transaction ID: A2007-2208219
City State Zip Code SCHAUMBURG IL 60194	Amount of Each Receipt this Period 37.21	
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 ▼ 849.53	

SUBTOTAL of Receipts This Page (optional) ▶	134.29
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:	PAGE 173 / 297
	(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 1 / 2 3 / 2 0 0 7
Mailing Address 1211 AIMTREE		Transaction ID: A2007-2322909
City State Zip Code SCHAUMBURG IL 60194	Amount of Each Receipt this Period 37.21	
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 ▼ 886.74	

Full Name (Last, First, Middle Initial) B. JOAN M NAUGHTON-GERDES		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 650 MALIBOU		Transaction ID: A2007-2208294
City State Zip Code PALATINE IL 60074	Amount of Each Receipt this Period 19.26	
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 ▼ 442.98	

Full Name (Last, First, Middle Initial) C. JOAN M NAUGHTON-GERDES		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 650 MALIBOU		Transaction ID: A2007-2322984
City State Zip Code PALATINE IL 60074	Amount of Each Receipt this Period 19.26	
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 ▼ 462.24	

SUBTOTAL of Receipts This Page (optional) ▶	75.73
TOTAL This Period (last page this line 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 / 297
	<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 C NECASTRO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 22622 N. LINDEN DR		Transaction ID: A2007-2208175
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 108.80	
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 ▼ 2473.14	

Full Name (Last, First, Middle Initial) B. DANIEL C NECASTRO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 22622 N. LINDEN DR		Transaction ID: A2007-2322865
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 108.80	
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 ▼ 2581.94	

Full Name (Last, First, Middle Initial) C. JEANNIE M NEWMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 9969 LONGVIEW DRIVE		Transaction ID: A2007-2208405
City State Zip Code LITTLETON CO 80124	Amount of Each Receipt this Period 21.22	
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 ▼ 415.24	

SUBTOTAL of Receipts This Page (optional) ▶	238.82
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 175 / 297
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PATRICK K NOLL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 22451 THORNBURY CT		Transaction ID: A2007-2208376	
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 ▼ 518.15		

Full Name (Last, First, Middle Initial) B. PATRICK K NOLL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 22451 THORNBURY CT		Transaction ID: A2007-2323065	
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 ▼ 541.01		

Full Name (Last, First, Middle Initial) C. THOMAS R NORTON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1423 PIONEER COURT		Transaction ID: A2007-2208309	
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 ▼ 509.90		

SUBTOTAL of Receipts This Page (optional) ▶	75.02
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:	PAGE 176 / 297
	(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. THOMAS R NORTON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1423 PIONEER COURT		Transaction ID: A2007-2322999	
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 ▼ 539.20		

Full Name (Last, First, Middle Initial) B. RICHARD C O'BRIEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 574 S. COUNTRY RIDGE		Transaction ID: A2007-2208166	
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 ▼ 421.96		

Full Name (Last, First, Middle Initial) C. RICHARD C O'BRIEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 574 S. COUNTRY RIDGE		Transaction ID: A2007-2322856	
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 ▼ 440.48		

SUBTOTAL of Receipts This Page (optional) ▶	66.34
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 177 / 297
	(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 O'MALLEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1816 ASPEN LANE		Transaction ID: A2007-2208286
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 ▼ 374.65	

Full Name (Last, First, Middle Initial) B. JOHN O'MALLEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1816 ASPEN LANE		Transaction ID: A2007-2322976
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 ▼ 391.00	

Full Name (Last, First, Middle Initial) C. MICHAEL P O'SHEA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2505 NEWPORT DRIVE		Transaction ID: A2007-2208048
City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 25.76	
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 ▼ 586.38	

SUBTOTAL of Receipts This Page (optional) ▶	58.46
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 178 / 297
	(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 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 ▼ 612.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322738

Amount of Each Receipt this Period
25.76

B. Full Name (Last, First, Middle Initial)
ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

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 ▼ 752.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208283

Amount of Each Receipt this Period
33.28

C. Full Name (Last, First, Middle Initial)
ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

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 ▼ 789.13

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322973

Amount of Each Receipt this Period
36.69

SUBTOTAL of Receipts This Page (optional)	▶	95.73
TOTAL This Period (last page this line 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 / 297
	(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. KATHY A OLCESE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 35 YORK ST		Transaction ID: A2007-2208155	
City HUDSON	State OH	Zip Code 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 ▼ 540.19		

Full Name (Last, First, Middle Initial) B. KATHY A OLCESE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 35 YORK ST		Transaction ID: A2007-2322845	
City HUDSON	State OH	Zip Code 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 ▼ 563.85		

Full Name (Last, First, Middle Initial) C. CRAIG A OLDHAM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2606 N Paulina ST		Transaction ID: A2007-2208350	
City CHICAGO	State IL	Zip Code 60614	Amount of Each Receipt this Period 34.02
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 ▼ 774.36		

SUBTOTAL of Receipts This Page (optional) ▶	81.34
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 180 / 297
	(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. CRAIG A OLDHAM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2606 N Paulina ST		Transaction ID: A2007-2323039
City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 34.02	
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 ▼ 808.38	

Full Name (Last, First, Middle Initial) B. JAMES L OSBORNE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1224 ST. WILLIAM		Transaction ID: A2007-2208366
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 64.62	
FEC ID number of contributing federal political committee. C		
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 ▼ 1478.94	

Full Name (Last, First, Middle Initial) C. JAMES L OSBORNE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1224 ST. WILLIAM		Transaction ID: A2007-2323055
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 64.62	
FEC ID number of contributing federal political committee. C		
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 ▼ 1543.56	

SUBTOTAL of Receipts This Page (optional) ▶	163.26
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:	PAGE 181 / 297
	(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)
PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 817.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208132

Amount of Each Receipt this Period
35.79

B. Full Name (Last, First, Middle Initial)
PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 852.91

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322822

Amount of Each Receipt this Period
35.79

C. Full Name (Last, First, Middle Initial)
ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 823.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208431

Amount of Each Receipt this Period
36.35

SUBTOTAL of Receipts This Page (optional)	▶	107.93
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: (check only one)	PAGE 182 / 297
	<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. ALAN D PAGE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 13530 LUCKY LAKE DRIVE		Transaction ID: A2007-2323119
City State Zip Code LAKE FOREST IL 60045	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 36.35
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 ▼ 860.29	

Full Name (Last, First, Middle Initial) B. DEAN T PAPPAS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 3406 VICEROY COURT		Transaction ID: A2007-2208089
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 ▼ 934.50	

Full Name (Last, First, Middle Initial) C. DEAN T PAPPAS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 3406 VICEROY COURT		Transaction ID: A2007-2322779
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 ▼ 974.27	

SUBTOTAL of Receipts This Page (optional)	▶	115.89
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: (check only one)	PAGE 183 / 297
	<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 L PARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1107 BONITA DRIVE		Transaction ID: A2007-2208284
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 ▼ 1197.02	

Full Name (Last, First, Middle Initial) B. ROBERT L PARK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1107 BONITA DRIVE		Transaction ID: A2007-2322974
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 ▼ 1249.53	

Full Name (Last, First, Middle Initial) C. ROGER D PARKER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1305 N MAIDSTONE		Transaction ID: A2007-2208427
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 ▼ 1087.67	

SUBTOTAL of Receipts This Page (optional) ▶	152.80
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:	PAGE 184 / 297						
	(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. ROGER D PARKER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1305 N MAIDSTONE		Transaction ID: A2007-2323115	
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 ▼ 1135.45		

Full Name (Last, First, Middle Initial) B. MAYUR M PATEL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 742 E PARKVIEW CT		Transaction ID: A2007-2208221	
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 ▼ 690.39		

Full Name (Last, First, Middle Initial) C. MAYUR M PATEL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 742 E PARKVIEW CT		Transaction ID: A2007-2322911	
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 ▼ 720.72		

SUBTOTAL of Receipts This Page (optional) ▶	108.44
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 185 / 297
	<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 PAUL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 301 CAMELOT LANE		Transaction ID: A2007-2208075	
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 ▼ 1642.19		

Full Name (Last, First, Middle Initial) B. CHARLES PAUL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 301 CAMELOT LANE		Transaction ID: A2007-2322765	
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 ▼ 1713.73		

Full Name (Last, First, Middle Initial) C. RONALD J PEPPING		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 934 LEWIS PLACE		Transaction ID: A2007-2208260	
City State Zip Code GENEVA IL 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 ▼ 674.41		

SUBTOTAL of Receipts This Page (optional) ▶	172.65
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 186 / 297
	<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)
RONALD J PEPPING

Mailing Address 934 LEWIS PLACE

City State Zip Code
GENEVA IL 60134

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

Name of Employer Allstate Insurance Company Occupation Ivantage Financial Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 703.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322950

Amount of Each Receipt this Period
29.57

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 ▼ 1078.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208037

Amount of Each Receipt this Period
47.43

C. 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 ▼ 1126.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322727

Amount of Each Receipt this Period
47.43

SUBTOTAL of Receipts This Page (optional)	▶	124.43
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 187 / 297
	<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)
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 ▼ 397.17

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208282

Amount of Each Receipt this Period
17.44

B. 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 ▼ 414.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322972

Amount of Each Receipt this Period
17.44

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

Mailing Address 2756 Breckenridge Lane

City State Zip Code
Naperville IL 60565

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208444

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	64.88
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 188 / 297
	(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. Thomas Peterson		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 2756 Breckenridge Lane		Transaction ID: A2007-2323132
City Naperville	State IL	Zip Code 60565
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) B. JUDITH M PETRAY		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 539 KELMORE ST		Transaction ID: A2007-2208011
City MOSS BEACH	State CA	Zip Code 94038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
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 ▼ 376.05	

Full Name (Last, First, Middle Initial) C. JUDITH M PETRAY		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 539 KELMORE ST		Transaction ID: A2007-2322702
City MOSS BEACH	State CA	Zip Code 94038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
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 ▼ 392.40	

SUBTOTAL of Receipts This Page (optional)	▶	62.70
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 189 / 297
	<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)
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1111.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208036

Amount of Each Receipt this Period
48.84

B. Full Name (Last, First, Middle Initial)
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1160.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322726

Amount of Each Receipt this Period
48.84

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

Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

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

Name of Employer Allstate Insurance Company Occupation Vice President Finance -

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1487.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208174

Amount of Each Receipt this Period
65.52

SUBTOTAL of Receipts This Page (optional)	▶	163.20
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 190 / 297
	(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 C PINTOZZI		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2116 W CHURCHILL ST		Transaction ID: A2007-2322864
City State Zip Code CHICAGO IL 60647	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 65.52
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 ▼ 1552.74	

Full Name (Last, First, Middle Initial) B. RICHARD E PORTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 20827 36TH PL W		Transaction ID: A2007-2208418
City State Zip Code LYNNWOOD WA 98036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.33
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 ▼ 236.59	

Full Name (Last, First, Middle Initial) C. RICHARD E PORTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 20827 36TH PL W		Transaction ID: A2007-2323106
City State Zip Code LYNNWOOD WA 98036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.33
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 ▼ 246.92	

SUBTOTAL of Receipts This Page (optional)	▶	86.18
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:	PAGE 191 / 297
	(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. DAVID J PRENDERGAST		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2816 HAVEN LANE		Transaction ID: A2007-2208029
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 ▼ 872.32	

Full Name (Last, First, Middle Initial) B. DAVID J PRENDERGAST		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2816 HAVEN LANE		Transaction ID: A2007-2322719
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 ▼ 911.76	

Full Name (Last, First, Middle Initial) C. MARTIN PRZYGODA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 17516 KATIE COURT		Transaction ID: A2007-2208186
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 ▼ 630.82	

SUBTOTAL of Receipts This Page (optional) ▶	106.59
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:	PAGE 192 / 297
	(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. MARTIN PRZYGODA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 17516 KATIE COURT		Transaction ID: A2007-2322876	
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 ▼ 658.53	

Full Name (Last, First, Middle Initial) B. THOMAS G PURTELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 22663 CHESHIRE COURT		Transaction ID: A2007-2208312	
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 ▼ 490.70	

Full Name (Last, First, Middle Initial) C. THOMAS G PURTELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 22663 CHESHIRE COURT		Transaction ID: A2007-2323002	
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 ▼ 512.30	

SUBTOTAL of Receipts This Page (optional)	70.91
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 193 / 297
	<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)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 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 ▼ 673.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208438

Amount of Each Receipt this Period
29.46

B. Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 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 ▼ 703.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323126

Amount of Each Receipt this Period
29.46

C. Full Name (Last, First, Middle Initial)
JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

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 ▼ 1278.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208144

Amount of Each Receipt this Period
56.17

SUBTOTAL of Receipts This Page (optional)	▶	115.09
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 194 / 297						
	(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 P RATH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 359 STAFFORD COURT		Transaction ID: A2007-2322834
City LAKE FOREST	State IL	Zip Code 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 ▼ 1335.13	

Full Name (Last, First, Middle Initial) B. JOHN B REARDON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 441 KELLY LANE		Transaction ID: A2007-2208015
City CRYSTAL LAKE	State IL	Zip Code 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 ▼ 933.90	

Full Name (Last, First, Middle Initial) C. JOHN B REARDON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 441 KELLY LANE		Transaction ID: A2007-2322705
City CRYSTAL LAKE	State IL	Zip Code 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 ▼ 974.65	

SUBTOTAL of Receipts This Page (optional)	▶	137.67
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:	PAGE 195 / 297
	(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. KEVIN P RICE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 703 ETON COURT		Transaction ID: A2007-2208231
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 ▼ 382.69	

Full Name (Last, First, Middle Initial) B. KEVIN P RICE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 703 ETON COURT		Transaction ID: A2007-2322921
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 ▼ 417.48	

Full Name (Last, First, Middle Initial) C. BRIAN R RICHARD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 37 JOSEPH PLACE		Transaction ID: A2007-2208006
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 ▼ 282.72	

SUBTOTAL of Receipts This Page (optional) ▶	93.14
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 196 / 297
	<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 1 / 2 3 / 2 0 0 7	
Mailing Address 37 JOSEPH PLACE		Transaction ID: A2007-2322697	
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 ▼ 306.28	

Full Name (Last, First, Middle Initial) B. JOSEPH J RICHARDSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1411 PARSONS LANE		Transaction ID: A2007-2208078	
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 ▼ 1554.64	

Full Name (Last, First, Middle Initial) C. JOSEPH J RICHARDSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1411 PARSONS LANE		Transaction ID: A2007-2322768	
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 ▼ 1623.87	

SUBTOTAL of Receipts This Page (optional) ▶	162.02
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:	PAGE 197 / 297
	(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. ROBIN R RICHMOND		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 9 HAWTHORN GROVE CIRCLE		Transaction ID: A2007-2208305
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 25.54	
FEC ID number of contributing federal political committee. C		
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 ▼ 581.40	

Full Name (Last, First, Middle Initial) B. ROBIN R RICHMOND		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 9 HAWTHORN GROVE CIRCLE		Transaction ID: A2007-2322995
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 25.54	
FEC ID number of contributing federal political committee. C		
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 ▼ 606.94	

Full Name (Last, First, Middle Initial) C. ANDREW T RIEDER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 7 ONEIDA LANE		Transaction ID: A2007-2208083
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 47.17	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Homeowner Initiative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1072.17	

SUBTOTAL of Receipts This Page (optional) ▶	98.25
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: (check only one)	PAGE 198 / 297		
	<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. ANDREW T RIEDER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 7 ONEIDA LANE		Transaction ID: A2007-2322773	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 47.17		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Homeowner Initiative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1119.34		

Full Name (Last, First, Middle Initial) B. DANIEL J RIVERA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1632 OLD BARN CIRCLE		Transaction ID: A2007-2208371	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 80.77		
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 ▼ 954.71		

Full Name (Last, First, Middle Initial) C. DANIEL J RIVERA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1632 OLD BARN CIRCLE		Transaction ID: A2007-2323060	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 80.77		
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 ▼ 1035.48		

SUBTOTAL of Receipts This Page (optional) ▶	208.71
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 199 / 297
	<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)
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 ▼ 586.87

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208436

Amount of Each Receipt this Period
6.75

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 ▼ 593.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323124

Amount of Each Receipt this Period
6.75

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

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

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

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 914.66

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208235

Amount of Each Receipt this Period
40.41

SUBTOTAL of Receipts This Page (optional)	▶	53.91
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 200 / 297
	<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. MARIO RIZZO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 5926 W. 90TH PLACE		Transaction ID: A2007-2322925	
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 ▼ 955.07		

Full Name (Last, First, Middle Initial) B. CLAY F ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3075 Sanders Road Suite G2E		Transaction ID: A2007-2208428	
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 ▼ 791.64		

Full Name (Last, First, Middle Initial) C. CLAY F ROBERTS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 3075 Sanders Road Suite G2E		Transaction ID: A2007-2323116	
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 ▼ 826.17		

SUBTOTAL of Receipts This Page (optional) ▶	109.47
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 201 / 297
	<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. DANIEL P ROBERTS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 4374 W Anderson Rd		Transaction ID: A2007-2208072
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 ▼ 480.51	

Full Name (Last, First, Middle Initial) B. DANIEL P ROBERTS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 4374 W Anderson Rd		Transaction ID: A2007-2322762
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 ▼ 501.58	

Full Name (Last, First, Middle Initial) C. TED ROBERTS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 811 SANDY TRAIL		Transaction ID: A2007-2208391
City State Zip Code KELLER TX 76248	Amount of Each Receipt this Period 35.13	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Financial Services Consul	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.53	

SUBTOTAL of Receipts This Page (optional) ▶	77.27
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 202 / 297
(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)
TED ROBERTS

Mailing Address 811 SANDY TRAIL

City State Zip Code
KELLER TX 76248

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

Name of Employer Allstate Insurance Company Occupation Financial Services Consul

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 251.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323080

Amount of Each Receipt this Period
26.12

B. Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

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

Name of Employer Allstate Insurance Company Occupation SVP-PROTECTION TECH & ADM

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1220.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208250

Amount of Each Receipt this Period
93.92

C. Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

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

Name of Employer Allstate Insurance Company Occupation SVP-PROTECTION TECH & ADM

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1314.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322940

Amount of Each Receipt this Period
93.92

SUBTOTAL of Receipts This Page (optional) ► **213.96**

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 203 / 297
	(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. GREGORY C ROHLFING		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 106 ASHLAND		Transaction ID: A2007-2208169	
City RIVER FOREST	State IL	Zip Code 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 ▼ 914.71		

Full Name (Last, First, Middle Initial) B. GREGORY C ROHLFING		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 106 ASHLAND		Transaction ID: A2007-2322859	
City RIVER FOREST	State IL	Zip Code 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 ▼ 954.48		

Full Name (Last, First, Middle Initial) C. DONNA J ROSEMEYER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 810 S THURLOW STREET		Transaction ID: A2007-2208244	
City HINSDALE	State IL	Zip Code 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 ▼ 651.25		

SUBTOTAL of Receipts This Page (optional) ▶	108.08
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 204 / 297		
	<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)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 679.79

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322934

Amount of Each Receipt this Period
28.54

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 ▼ 375.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208433

Amount of Each Receipt this Period
16.35

C. 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 ▼ 392.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323121

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional)	▶	61.24
TOTAL This Period (last page this line 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 205 / 297
	<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. DONALD L RUDD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 25 CRESTVIEW TERRACE		Transaction ID: A2007-2208383
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 ▼ 310.03	

Full Name (Last, First, Middle Initial) B. DONALD L RUDD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 25 CRESTVIEW TERRACE		Transaction ID: A2007-2323072
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 ▼ 323.54	

Full Name (Last, First, Middle Initial) C. GEORGE E RUEBENSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 29 FOX TR		Transaction ID: A2007-2208301
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 ▼ 2953.21	

SUBTOTAL of Receipts This Page (optional) ▶	171.25
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 206 / 297
	(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. GEORGE E RUEBENSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 29 FOX TR		Transaction ID: A2007-2322991	
City LINCOLNSHIRE	State IL	Zip Code 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 ▼ 3097.44		

Full Name (Last, First, Middle Initial) B. CASSANDRA C RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2483 Titans Lane		Transaction ID: A2007-2208356	
City Nashville	State TN	Zip Code 37027	Amount of Each Receipt this Period 11.43
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 ▼ 260.69		

Full Name (Last, First, Middle Initial) C. CASSANDRA C RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2483 Titans Lane		Transaction ID: A2007-2323045	
City Nashville	State TN	Zip Code 37027	Amount of Each Receipt this Period 11.43
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 ▼ 272.12		

SUBTOTAL of Receipts This Page (optional) ▶	167.09
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 207 / 297
	(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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 17 ALSTON COURT		Transaction ID: A2007-2208067	
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 ▼ 501.40		

Full Name (Last, First, Middle Initial) B. DOREEN M RYAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 17 ALSTON COURT		Transaction ID: A2007-2322757	
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 ▼ 523.20		

Full Name (Last, First, Middle Initial) C. PAUL R RYSKE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 898 E. LONGWOOD DR.		Transaction ID: A2007-2208167	
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 ▼ 488.28		

SUBTOTAL of Receipts This Page (optional) ▶	63.48
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 208 / 297
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PAUL R RYSKE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 898 E. LONGWOOD DR.		Transaction ID: A2007-2322857	
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 ▼ 508.16		

Full Name (Last, First, Middle Initial) B. PATRICK J SARB		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4517 WAUBANSIE LANE		Transaction ID: A2007-2208327	
City State Zip Code LISLE IL 60532	Amount of Each Receipt this Period 12.19		
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 ▼ 278.57		

Full Name (Last, First, Middle Initial) C. PATRICK J SARB		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4517 WAUBANSIE LANE		Transaction ID: A2007-2323017	
City State Zip Code LISLE IL 60532	Amount of Each Receipt this Period 12.19		
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 ▼ 290.76		

SUBTOTAL of Receipts This Page (optional) ▶	44.26
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 209 / 297
	<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 SCARDINA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 51 SOUTH ROYAL OAK		Transaction ID: A2007-2208146	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 28.28		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Asset Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 618.86		

Full Name (Last, First, Middle Initial) B. MICHAEL A SCARDINA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 51 SOUTH ROYAL OAK		Transaction ID: A2007-2322836	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 28.28		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Asset Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 647.14		

Full Name (Last, First, Middle Initial) C. PATRICK J SCHNEIDER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 210 NORTH TRAIL		Transaction ID: A2007-2208287	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 28.77		
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 ▼ 656.16		

SUBTOTAL of Receipts This Page (optional) ▶	85.33
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:	PAGE 210 / 297
	(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 J SCHNEIDER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 210 NORTH TRAIL		Transaction ID: A2007-2322977	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 28.77	
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 ▼ 684.93	

Full Name (Last, First, Middle Initial) B. STEPHEN E SCHOLL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 7 COPPERFIELD DRIVE		Transaction ID: A2007-2208069	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 50.37	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP HR Shared Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1141.71	

Full Name (Last, First, Middle Initial) C. STEPHEN E SCHOLL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 7 COPPERFIELD DRIVE		Transaction ID: A2007-2322759	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 50.37	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP HR Shared Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1192.08	

SUBTOTAL of Receipts This Page (optional) ▶	129.51
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 211 / 297
(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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 364.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208381

Amount of Each Receipt this Period
16.05

B. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323070

Amount of Each Receipt this Period
16.05

C. Full Name (Last, First, Middle Initial)
DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 524.39

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208216

Amount of Each Receipt this Period
22.98

SUBTOTAL of Receipts This Page (optional) ► **55.08**

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 212 / 297
	<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 I SCHUR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1216 SANDHURST DRIVE		Transaction ID: A2007-2322906	
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 ▼ 547.37	

Full Name (Last, First, Middle Initial) B. MICHAEL D SCHUSTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 526 LANGE COURT		Transaction ID: A2007-2208416	
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 ▼ 412.84	

Full Name (Last, First, Middle Initial) C. MICHAEL D SCHUSTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 526 LANGE COURT		Transaction ID: A2007-2323104	
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 ▼ 430.89	

SUBTOTAL of Receipts This Page (optional) ▶	59.08
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:	PAGE 213 / 297
	(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. DAVID J SCHWARTZER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1911 205TH PL NE		Transaction ID: A2007-2208340	
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 ▼ 1025.15		

Full Name (Last, First, Middle Initial) B. DAVID J SCHWARTZER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1911 205TH PL NE		Transaction ID: A2007-2323029	
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 ▼ 1071.30		

Full Name (Last, First, Middle Initial) C. ALBERT SCHWARZHAUPT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 29 Doral Drive		Transaction ID: A2007-2208045	
City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 16.35		
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 ▼ 376.05		

SUBTOTAL of Receipts This Page (optional) ▶	108.65
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 214 / 297
	<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. ALBERT SCHWARZHAUPT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 29 Doral Drive		Transaction ID: A2007-2322735
City State Zip Code Hawthorn Woods IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.35
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 ▼ 392.40	

Full Name (Last, First, Middle Initial) B. DANNY R SELLERS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 5903 87TH ST		Transaction ID: A2007-2208369
City State Zip Code LUBBOCK TX 79424	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 23.86
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 ▼ 545.28	

Full Name (Last, First, Middle Initial) C. DANNY R SELLERS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 5903 87TH ST		Transaction ID: A2007-2323058
City State Zip Code LUBBOCK TX 79424	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 23.86
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 ▼ 569.14	

SUBTOTAL of Receipts This Page (optional)	▶	64.07
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 215 / 297
	<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)
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City Chicago	State IL	Zip Code 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 ▼ 725.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 1	/	0 9	/	2 0 0 7

Transaction ID: A2007-2208276

Amount of Each Receipt this Period

33.46

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

Mailing Address 2 E. Erie #1506

City Chicago	State IL	Zip Code 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 ▼ 759.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 1	/	2 3	/	2 0 0 7

Transaction ID: A2007-2322966

Amount of Each Receipt this Period

33.46

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

Mailing Address 517 ROBINWOOD LANE

City WHEATON	State IL	Zip Code 60187
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Vice President Property/C
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1792.89

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 1	/	0 9	/	2 0 0 7

Transaction ID: A2007-2208243

Amount of Each Receipt this Period

78.74

SUBTOTAL of Receipts This Page (optional)	▶	145.66
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 216 / 297
	(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)
STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60187

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

Name of Employer Allstate Insurance Company Occupation Vice President Property/C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1871.63

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322933

Amount of Each Receipt this Period
78.74

B. Full Name (Last, First, Middle Initial)
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
453.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208162

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
473.82

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322852

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional)	▶	118.50
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 217 / 297
(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)
JOHN M SHUMATE III

Mailing Address 40096 NORTH GOLDENROD LANE

City State Zip Code
WADSWORTH IL 60083

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 251.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208098

Amount of Each Receipt this Period
6.63

B. Full Name (Last, First, Middle Initial)
JOHN M SHUMATE III

Mailing Address 40096 NORTH GOLDENROD LANE

City State Zip Code
WADSWORTH IL 60083

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 258.57

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322788

Amount of Each Receipt this Period
6.63

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

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 501.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208324

Amount of Each Receipt this Period
21.80

SUBTOTAL of Receipts This Page (optional) ► **35.06**

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 218 / 297
	(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. DENIS C SHUNTA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 5200 RIDGEGATE WAY		Transaction ID: A2007-2323014	
City State Zip Code FAIR OAKS CA 95628	Amount of Each Receipt this Period 21.80		
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 ▼ 523.00		

Full Name (Last, First, Middle Initial) B. ROBERT L SIMMONS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 418 DEUCE DRIVE		Transaction ID: A2007-2208059	
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 ▼ 651.61		

Full Name (Last, First, Middle Initial) C. ROBERT L SIMMONS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 418 DEUCE DRIVE		Transaction ID: A2007-2322749	
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 ▼ 680.18		

SUBTOTAL of Receipts This Page (optional) ▶	78.94
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 219 / 297
	<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. KIMBALL S SIMON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 11 WEHRHEIM		Transaction ID: A2007-2208397	
City BARRINGTON	State IL	Amount of Each Receipt this Period 36.24	
Zip Code 60010			
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 ▼ 827.22		

Full Name (Last, First, Middle Initial) B. KIMBALL S SIMON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 11 WEHRHEIM		Transaction ID: A2007-2323086	
City BARRINGTON	State IL	Amount of Each Receipt this Period 36.24	
Zip Code 60010			
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 ▼ 863.46		

Full Name (Last, First, Middle Initial) C. ANNE E SIMPSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 632 ONWENTSIA AVENUE		Transaction ID: A2007-2208172	
City HIGHLAND PARK	State IL	Amount of Each Receipt this Period 26.51	
Zip Code 60035			
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 ▼ 609.73		

SUBTOTAL of Receipts This Page (optional) ▶	98.99
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 220 / 297						
	(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. ANNE E SIMPSON		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 632 ONWENTSIA AVENUE		Transaction ID: A2007-2322862
City State Zip Code HIGHLAND PARK IL 60035	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 26.51
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 ▼ 636.24	

Full Name (Last, First, Middle Initial) B. JOHN G SINNICKI		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 2117 CARROLL CREEK VIEW CT		Transaction ID: A2007-2208127
City State Zip Code FREDERICK MD 21702	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.95
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 ▼ 455.95	

Full Name (Last, First, Middle Initial) C. JOHN G SINNICKI		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 2117 CARROLL CREEK VIEW CT		Transaction ID: A2007-2322817
City State Zip Code FREDERICK MD 21702	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.95
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 ▼ 475.90	

SUBTOTAL of Receipts This Page (optional)	▶	66.41
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 221 / 297
	<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. KEVIN R SLAWIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1316 CRESTWOOD DRIVE		Transaction ID: A2007-2208285	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 40.20	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 916.41	

Full Name (Last, First, Middle Initial) B. KEVIN R SLAWIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1316 CRESTWOOD DRIVE		Transaction ID: A2007-2322975	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 40.20	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 956.61	

Full Name (Last, First, Middle Initial) C. KIMBERLY J SLOANE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 378 N. VISTA AVE		Transaction ID: A2007-2208265	
City State Zip Code LOMBARD IL 60148		Amount of Each Receipt this Period 38.35	
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 ▼ 871.60	

SUBTOTAL of Receipts This Page (optional) ▶	118.75
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 222 / 297
	<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 J SLOANE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 378 N. VISTA AVE		Transaction ID: A2007-2322955	
City State Zip Code LOMBARD IL 60148	Amount of Each Receipt this Period 38.35		
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 ▼ 909.95		

Full Name (Last, First, Middle Initial) B. BENJAMIN M SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1008 CHESAPEAK BLVD		Transaction ID: A2007-2208113	
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 ▼ 375.75		

Full Name (Last, First, Middle Initial) C. BENJAMIN M SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1008 CHESAPEAK BLVD		Transaction ID: A2007-2322803	
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 ▼ 392.10		

SUBTOTAL of Receipts This Page (optional) ▶	71.05
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:	PAGE 223 / 297						
	(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. CHARLES M SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 414 E. Burr Oak Dr.		Transaction ID: A2007-2208345	
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 ▼ 702.67	

Full Name (Last, First, Middle Initial) B. CHARLES M SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 414 E. Burr Oak Dr.		Transaction ID: A2007-2323034	
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 ▼ 733.51	

Full Name (Last, First, Middle Initial) C. ELIAS SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2751 SW BEAR PAW TRAIL		Transaction ID: A2007-2208065	
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 ▼ 510.65	

SUBTOTAL of Receipts This Page (optional) ▶	83.93
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: (check only one)	PAGE 224 / 297
	<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. ELIAS SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2751 SW BEAR PAW TRAIL		Transaction ID: A2007-2322755
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 ▼ 532.90	

Full Name (Last, First, Middle Initial) B. J E SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 310 WHITMORE LANE		Transaction ID: A2007-2208246
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 ▼ 1339.51	

Full Name (Last, First, Middle Initial) C. J E SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 310 WHITMORE LANE		Transaction ID: A2007-2322936
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 ▼ 1398.27	

SUBTOTAL of Receipts This Page (optional)	139.77
TOTAL This Period (last page this line number only)	(Empty box)

**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 / 297
	<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. KENNETH D SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 619 N HUMPHREY AVE.		Transaction ID: A2007-2208280
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 ▼ 346.42	

Full Name (Last, First, Middle Initial) B. KENNETH D SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 619 N HUMPHREY AVE.		Transaction ID: A2007-2322970
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 ▼ 361.61	

Full Name (Last, First, Middle Initial) C. RANDALL D SNITTJER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 11423 E. Blue Sky Drive		Transaction ID: A2007-2208386
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 ▼ 611.38	

SUBTOTAL of Receipts This Page (optional) ▶	57.24
TOTAL This Period (last page this line 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 226 / 297
	(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

A. Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
Scottsdale AZ 85262

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 ▼ 638.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323075

Amount of Each Receipt this Period
26.86

B. Full Name (Last, First, Middle Initial)
ROBERT S SODERLUND

Mailing Address 53 BRIDLEPATH DRIVE

City State Zip Code
LINDENHURST IL 60046

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 ▼ 315.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208012

Amount of Each Receipt this Period
13.84

C. Full Name (Last, First, Middle Initial)
ROBERT S SODERLUND

Mailing Address 53 BRIDLEPATH DRIVE

City State Zip Code
LINDENHURST IL 60046

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 ▼ 329.21

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322703

Amount of Each Receipt this Period
13.84

SUBTOTAL of Receipts This Page (optional)	▶	54.54
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 227 / 297
	(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. STEVEN P SORENSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 20712 High Ridge Dr		Transaction ID: A2007-2208332
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 ▼ 1707.38	

Full Name (Last, First, Middle Initial) B. STEVEN P SORENSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 20712 High Ridge Dr		Transaction ID: A2007-2323021
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 ▼ 1782.54	

Full Name (Last, First, Middle Initial) C. KEVIN A SPATARO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1663 SARATOGA LANE		Transaction ID: A2007-2208307
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 ▼ 604.37	

SUBTOTAL of Receipts This Page (optional) ▶	177.02
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:	PAGE 228 / 297
	(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. KEVIN A SPATARO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1663 SARATOGA LANE		Transaction ID: A2007-2322997
City State Zip Code GLENVIEW IL 60026	Amount of Each Receipt this Period 42.83	
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 ▼ 647.20	

Full Name (Last, First, Middle Initial) B. EDWIN M SPECHT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 740 AMBRIA DRIVE		Transaction ID: A2007-2208086
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 ▼ 786.44	

Full Name (Last, First, Middle Initial) C. EDWIN M SPECHT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 740 AMBRIA DRIVE		Transaction ID: A2007-2322776
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 ▼ 820.97	

SUBTOTAL of Receipts This Page (optional) ▶	111.89
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: (check only one)	PAGE 229 / 297
	<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)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 609.78

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208300

Amount of Each Receipt this Period
26.78

B. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 636.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322990

Amount of Each Receipt this Period
26.78

C. Full Name (Last, First, Middle Initial)
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 922.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208149

Amount of Each Receipt this Period
41.02

SUBTOTAL of Receipts This Page (optional)	▶	94.58
TOTAL This Period (last page this line 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 230 / 297
(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)
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 963.27

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322839

Amount of Each Receipt this Period
41.02

B. Full Name (Last, First, Middle Initial)
STACEY A SPRUNG

Mailing Address 106 E. WHISTLERS BEND CIR.

City State Zip Code
THE WOODLANDS TX 77384

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

Name of Employer Allstate Insurance Company Occupation Lead Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 382.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208017

Amount of Each Receipt this Period
20.18

C. Full Name (Last, First, Middle Initial)
STACEY A SPRUNG

Mailing Address 106 E. WHISTLERS BEND CIR.

City State Zip Code
THE WOODLANDS TX 77384

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

Name of Employer Allstate Insurance Company Occupation Lead Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 402.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322707

Amount of Each Receipt this Period
20.18

SUBTOTAL of Receipts This Page (optional) ▶ **81.38**

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 231 / 297
	<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)
BARBARA J STEELE

Mailing Address 730 CREEKSIDE DR #504

City State Zip Code
MT PROSPECT IL 60056

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 ▼ 288.27

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208227

Amount of Each Receipt this Period
12.69

B. Full Name (Last, First, Middle Initial)
BARBARA J STEELE

Mailing Address 730 CREEKSIDE DR #504

City State Zip Code
MT PROSPECT IL 60056

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 ▼ 300.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322917

Amount of Each Receipt this Period
12.69

C. Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 881.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208112

Amount of Each Receipt this Period
38.73

SUBTOTAL of Receipts This Page (optional) ► 64.11

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 232 / 297
	(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. EMORY D STEPHENS JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4711 N WOLCOTT AVE		Transaction ID: A2007-2322802	
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 ▼ 920.07		

Full Name (Last, First, Middle Initial) B. LOUIE A STEPHENSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1775 FOREST CREEK DR.		Transaction ID: A2007-2208368	
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 ▼ 314.94		

Full Name (Last, First, Middle Initial) C. LOUIE A STEPHENSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1775 FOREST CREEK DR.		Transaction ID: A2007-2323057	
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 ▼ 328.72		

SUBTOTAL of Receipts This Page (optional) ▶	66.29
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 233 / 297
	<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)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 847.42

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208123

Amount of Each Receipt this Period
 37.14

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

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.56

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322813

Amount of Each Receipt this Period
 37.14

C. Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.53

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208119

Amount of Each Receipt this Period
 21.73

SUBTOTAL of Receipts This Page (optional)	▶	96.01
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 234 / 297						
	(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. MYRON E STOUFFER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1528 JESSICA LANE		Transaction ID: A2007-2322809	
City State Zip Code LIBERTYVILLE IL 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 ▼ 483.26		

Full Name (Last, First, Middle Initial) B. CHRISTINE A SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 257 BIG TERRA LANE		Transaction ID: A2007-2208007	
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 ▼ 566.13		

Full Name (Last, First, Middle Initial) C. CHRISTINE A SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 257 BIG TERRA LANE		Transaction ID: A2007-2322698	
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 ▼ 591.07		

SUBTOTAL of Receipts This Page (optional) ▶	71.61
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 235 / 297
	<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 Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 4018 BERRYWOOD DRIVE		Transaction ID: A2007-2208050
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 ▼ 302.27	

Full Name (Last, First, Middle Initial) B. DANIEL J SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 4018 BERRYWOOD DRIVE		Transaction ID: A2007-2322740
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 ▼ 315.51	

Full Name (Last, First, Middle Initial) C. KEVIN T SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 221 CARRIAGE HILL CIR		Transaction ID: A2007-2208400
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 ▼ 2150.20	

SUBTOTAL of Receipts This Page (optional) ▶	121.02
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 236 / 297
	<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. KEVIN T SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 221 CARRIAGE HILL CIR		Transaction ID: A2007-2323089	
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 ▼ 2244.74	

Full Name (Last, First, Middle Initial) B. KATHLEEN A SWAIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 242 HIGHVIEW		Transaction ID: A2007-2208177	
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 ▼ 1235.86	

Full Name (Last, First, Middle Initial) C. KATHLEEN A SWAIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 242 HIGHVIEW		Transaction ID: A2007-2322867	
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 ▼ 1289.72	

SUBTOTAL of Receipts This Page (optional) ▶	202.26
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:	PAGE 237 / 297
	(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. KIMBERLY A SYME		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1609 SURRIDGE CT		Transaction ID: A2007-2208194	
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 ▼ 346.30		

Full Name (Last, First, Middle Initial) B. KIMBERLY A SYME		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1609 SURRIDGE CT		Transaction ID: A2007-2322884	
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 ▼ 361.50		

Full Name (Last, First, Middle Initial) C. JERROLD S SZOSTAK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1064 W GLENN TRAIL		Transaction ID: A2007-2208220	
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 ▼ 857.73		

SUBTOTAL of Receipts This Page (optional) ▶	67.91
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 238 / 297
	(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. JERROLD S SZOSTAK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1064 W GLENN TRAIL		Transaction ID: A2007-2322910
City State Zip Code ELK GROVE IL 60007	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.51
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 ▼ 895.24	

Full Name (Last, First, Middle Initial) B. CARL J TACKETT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 307 WENDRON COURT		Transaction ID: A2007-2208187
City State Zip Code FRANKLIN TN 37069	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.85
Name of Employer Allstate Insurance Company	Occupation Regional Financial Servic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.50	

Full Name (Last, First, Middle Initial) C. CARL J TACKETT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 307 WENDRON COURT		Transaction ID: A2007-2322877
City State Zip Code FRANKLIN TN 37069	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.85
Name of Employer Allstate Insurance Company	Occupation Regional Financial Servic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.35	

SUBTOTAL of Receipts This Page (optional)	▶	67.21
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 / 297
	<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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2495 EMERALD LANE		Transaction ID: A2007-2208057	
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 ▼ 496.35	

Full Name (Last, First, Middle Initial) B. BENJAMIN A TARVER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2495 EMERALD LANE		Transaction ID: A2007-2322747	
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 ▼ 518.25	

Full Name (Last, First, Middle Initial) C. JANICE M TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 7335 ATHLONE		Transaction ID: A2007-2208372	
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 ▼ 512.36	

SUBTOTAL of Receipts This Page (optional) ▶	66.17
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:	PAGE 240 / 297
	(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. JANICE M TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 7335 ATHLONE		Transaction ID: A2007-2323061
City HOUSTON	State TX	Zip Code 77088
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.37
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 ▼ 534.73	

Full Name (Last, First, Middle Initial) B. LINDSAY F TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 217 E. SHERIDAN PLACE		Transaction ID: A2007-2208432
City LAKE BLUFF	State IL	Zip Code 60044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
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 ▼ 376.05	

Full Name (Last, First, Middle Initial) C. LINDSAY F TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 217 E. SHERIDAN PLACE		Transaction ID: A2007-2323120
City LAKE BLUFF	State IL	Zip Code 60044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
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 ▼ 392.40	

SUBTOTAL of Receipts This Page (optional)	▶	55.07
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 241 / 297
	<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)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

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 ▼ 415.27

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208108

Amount of Each Receipt this Period
18.19

B. Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

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 ▼ 433.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322798

Amount of Each Receipt this Period
18.19

C. Full Name (Last, First, Middle Initial)
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

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 Regional Distribution Lea

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208421

Amount of Each Receipt this Period
17.89

SUBTOTAL of Receipts This Page (optional)	▶	54.27
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 242 / 297
	<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)
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

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 Regional Distribution Lea

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 387.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323109

Amount of Each Receipt this Period
17.89

B. Full Name (Last, First, Middle Initial)
SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Service Center Senior Man

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208363

Amount of Each Receipt this Period
14.34

C. Full Name (Last, First, Middle Initial)
SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Service Center Senior Man

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323052

Amount of Each Receipt this Period
14.34

SUBTOTAL of Receipts This Page (optional)	▶	46.57
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 243 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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 A Thomas		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 604 Brier Street		Transaction ID: A2007-2208443
City Kenilworth	State IL	Zip Code 60043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.42
Name of Employer Allstate Insurance Company	Occupation Corporate Real Estate Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.62	

Full Name (Last, First, Middle Initial) B. Michael A Thomas		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 604 Brier Street		Transaction ID: A2007-2323131
City Kenilworth	State IL	Zip Code 60043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.42
Name of Employer Allstate Insurance Company	Occupation Corporate Real Estate Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.04	

Full Name (Last, First, Middle Initial) C. MARK L THOMPSON		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 3233 N RACINE #2		Transaction ID: A2007-2208382
City CHICAGO	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.14
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 ▼ 569.89	

SUBTOTAL of Receipts This Page (optional)	▶	63.98
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 244 / 297
	<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 L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

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

Name of Employer Allstate Insurance Company Occupation AVP-PRODUCT NON-STANDARD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.03

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323071

Amount of Each Receipt this Period
25.14

B. Full Name (Last, First, Middle Initial)
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code
VERNON HILLS IL 60061

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 ▼ 797.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208109

Amount of Each Receipt this Period
38.20

C. Full Name (Last, First, Middle Initial)
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code
VERNON HILLS IL 60061

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 ▼ 835.42

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322799

Amount of Each Receipt this Period
38.20

SUBTOTAL of Receipts This Page (optional)	▶	101.54
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
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 ▼ 457.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208191

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 ▼ 477.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322881

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 ▼ 877.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208402

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 246 / 297
	<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 1 / 2 3 / 2 0 0 7	
Mailing Address 21949 HICKORY HILL DR.		Transaction ID: A2007-2323091	
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 ▼ 915.92		

Full Name (Last, First, Middle Initial) B. ROBERT E TRANSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2644 N DOUGLAS		Transaction ID: A2007-2208232	
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 ▼ 624.40		

Full Name (Last, First, Middle Initial) C. ROBERT E TRANSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2644 N DOUGLAS		Transaction ID: A2007-2322922	
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 ▼ 651.91		

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: PAGE 247 / 297
(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)
DENNIS M TRUSCH

Mailing Address 0s640 Preston Circle

City State Zip Code
Geneva IL 60134

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

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 303.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208100

Amount of Each Receipt this Period
13.30

B. Full Name (Last, First, Middle Initial)
DENNIS M TRUSCH

Mailing Address 0s640 Preston Circle

City State Zip Code
Geneva IL 60134

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

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 316.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322790

Amount of Each Receipt this Period
13.30

C. Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1009.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208358

Amount of Each Receipt this Period
44.41

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 248 / 297
	(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. MELINDA S TUNNER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 5430 TALL OAKS DRIVE		Transaction ID: A2007-2323047	
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 ▼ 1053.87	

Full Name (Last, First, Middle Initial) B. RICHARD D TURANO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 4960 S CHESTER ST		Transaction ID: A2007-2208035	
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 ▼ 407.53	

Full Name (Last, First, Middle Initial) C. RICHARD D TURANO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4960 S CHESTER ST		Transaction ID: A2007-2322725	
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 ▼ 425.39	

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:	PAGE 249 / 297						
	(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)
THOMAS P TUZAK

Mailing Address 443 HUNTINGTON LANE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.21

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: A2007-2208247

Amount of Each Receipt this Period
9.02

B. Full Name (Last, First, Middle Initial)
THOMAS P TUZAK

Mailing Address 443 HUNTINGTON LANE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.23

Date of Receipt
MM / DD / YYYY
11 / 23 / 2007

Transaction ID: A2007-2322937

Amount of Each Receipt this Period
9.02

C. Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City State Zip Code
LIBERTYVILLE IL 60048

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 ▼ 457.24

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: A2007-2208424

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional)	37.92
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 250 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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 UNROE

Mailing Address 326 ELM CT.

City State Zip Code
LIBERTYVILLE IL 60048

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 ▼ 477.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323112

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
JEFFREY W URE

Mailing Address 609 S. KENNICOTT 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 CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.41

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208255

Amount of Each Receipt this Period
9.12

C. Full Name (Last, First, Middle Initial)
JEFFREY W URE

Mailing Address 609 S. KENNICOTT 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 CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322945

Amount of Each Receipt this Period
9.12

SUBTOTAL of Receipts This Page (optional)	▶	38.12
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:	PAGE 251 / 297
	(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 A VAINISI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 636 BALMORAL LANE		Transaction ID: A2007-2208240
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 ▼ 1180.25	

Full Name (Last, First, Middle Initial) B. WILLIAM A VAINISI		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 636 BALMORAL LANE		Transaction ID: A2007-2322930
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 ▼ 1231.76	

Full Name (Last, First, Middle Initial) C. HELEN K VAN DAAL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1300 LONGVALLEY RD.		Transaction ID: A2007-2208180
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 ▼ 427.88	

SUBTOTAL of Receipts This Page (optional) ▶	121.78
TOTAL This Period (last page this line 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 252 / 297
	(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)
HELEN K VAN DAAL

Mailing Address 1300 LONGVALLEY RD.

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 446.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322870

Amount of Each Receipt this Period
18.76

B. Full Name (Last, First, Middle Initial)
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

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 ▼ 395.97

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208291

Amount of Each Receipt this Period
16.54

C. Full Name (Last, First, Middle Initial)
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

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 ▼ 412.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322981

Amount of Each Receipt this Period
16.54

SUBTOTAL of Receipts This Page (optional)	▶	51.84
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 253 / 297		
	<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. LISA A VAN SCOYOC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 555 PRIMROSE LANE		Transaction ID: A2007-2208254	
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 ▼ 301.72		

Full Name (Last, First, Middle Initial) B. LISA A VAN SCOYOC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 555 PRIMROSE LANE		Transaction ID: A2007-2322944	
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 ▼ 315.04		

Full Name (Last, First, Middle Initial) C. WILLIAM P VANDERBORG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 561 W CROOKED STICK CT		Transaction ID: A2007-2208176	
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 ▼ 752.10		

SUBTOTAL of Receipts This Page (optional) ▶	59.34
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 254 / 297						
	(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 P VANDERBORG		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 561 W CROOKED STICK CT		Transaction ID: A2007-2322866	
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 ▼ 784.80		

Full Name (Last, First, Middle Initial) B. PATRICIA C VANLAMMEREN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 9868 PALACE GREEN WAY		Transaction ID: A2007-2208396	
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 ▼ 1224.98		

Full Name (Last, First, Middle Initial) C. PATRICIA C VANLAMMEREN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 9868 PALACE GREEN WAY		Transaction ID: A2007-2323085	
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 ▼ 1278.87		

SUBTOTAL of Receipts This Page (optional) ▶	140.48
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 255 / 297
	<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. BILL VASILOGAMBROS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1309 S. PINE AVE		Transaction ID: A2007-2208314	
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 ▼ 378.20		

Full Name (Last, First, Middle Initial) B. BILL VASILOGAMBROS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1309 S. PINE AVE		Transaction ID: A2007-2323004	
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 ▼ 394.80		

Full Name (Last, First, Middle Initial) C. RICHARD VAVRA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2514 S WESLEY AVENUE		Transaction ID: A2007-2208168	
City State Zip Code BERWYN IL 60402	Amount of Each Receipt this Period 38.64		
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 ▼ 883.12		

SUBTOTAL of Receipts This Page (optional) ▶	71.84
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 256 / 297
	(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)
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 ▼ 921.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322858

Amount of Each Receipt this Period
38.64

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 ▼ 1752.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208360

Amount of Each Receipt this Period
77.04

C. 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 ▼ 1829.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323049

Amount of Each Receipt this Period
77.04

SUBTOTAL of Receipts This Page (optional)	▶	192.72
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 257 / 297
	<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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 37144 FOX HILL DR		Transaction ID: A2007-2208051	
City WADSWORTH	State IL	Zip Code 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 ▼ 1532.53		

Full Name (Last, First, Middle Initial) B. STEVEN C VERNEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 37144 FOX HILL DR		Transaction ID: A2007-2322741	
City WADSWORTH	State IL	Zip Code 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 ▼ 1599.95		

Full Name (Last, First, Middle Initial) C. JOAN H WALKER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 850 N. Riverwoods Road		Transaction ID: A2007-2208441	
City Lake Forest	State IL	Zip Code 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 ▼ 1054.73		

SUBTOTAL of Receipts This Page (optional) ▶	181.83
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 258 / 297
	<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 H WALKER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 850 N. Riverwoods Road		Transaction ID: A2007-2323129
City State Zip Code Lake Forest IL 60045	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 46.99
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 ▼ 1101.72	

Full Name (Last, First, Middle Initial) B. MADELINE J WALKER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 5140 N SAN JUAN AVE		Transaction ID: A2007-2208141
City State Zip Code CLOVIS CA 93611	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.43
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 ▼ 653.89	

Full Name (Last, First, Middle Initial) C. MADELINE J WALKER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 5140 N SAN JUAN AVE		Transaction ID: A2007-2322831
City State Zip Code CLOVIS CA 93611	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.43
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 ▼ 682.32	

SUBTOTAL of Receipts This Page (optional)	▶	103.85
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 259 / 297
	(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. ANTON WANDERON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 112 BRISTOL PLACE		Transaction ID: A2007-2208122
City State Zip Code PONTE VEDRA FL 32082	Amount of Each Receipt this Period 63.46	
FEC ID number of contributing federal political committee. C		
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 ▼ 1294.69	

Full Name (Last, First, Middle Initial) B. ANTON WANDERON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 112 BRISTOL PLACE		Transaction ID: A2007-2322812
City State Zip Code PONTE VEDRA FL 32082	Amount of Each Receipt this Period 63.46	
FEC ID number of contributing federal political committee. C		
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 ▼ 1358.15	

Full Name (Last, First, Middle Initial) C. THOMAS M WARDEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 146 LA GRANDE		Transaction ID: A2007-2208134
City State Zip Code MOSS BEACH CA 94038	Amount of Each Receipt this Period 31.92	
FEC ID number of contributing federal political committee. C		
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 ▼ 725.55	

SUBTOTAL of Receipts This Page (optional) ▶	158.84
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 260 / 297
	(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. THOMAS M WARDEN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 146 LA GRANDE		Transaction ID: A2007-2322824
City MOSS BEACH	State CA	Zip Code 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 ▼ 757.47	

Full Name (Last, First, Middle Initial) B. EDWIN L WASINGER JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 6245 MURIFIELD DRIVE		Transaction ID: A2007-2208311
City GURNEE	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.07
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 ▼ 796.71	

Full Name (Last, First, Middle Initial) C. EDWIN L WASINGER JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 6245 MURIFIELD DRIVE		Transaction ID: A2007-2323001
City GURNEE	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.07
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 ▼ 831.78	

SUBTOTAL of Receipts This Page (optional)	102.06
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 261 / 297						
	(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. JOHN A WATSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 10227 Thurston Groves Blvd.		Transaction ID: A2007-2208409
City State Zip Code Seminole FL 33778	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.95
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 ▼ 363.95	

Full Name (Last, First, Middle Initial) B. JOHN A WATSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 10227 Thurston Groves Blvd.		Transaction ID: A2007-2323097
City State Zip Code Seminole FL 33778	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.95
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 ▼ 379.90	

Full Name (Last, First, Middle Initial) C. BRET D WEHRLY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2079 POWHATAN TRAIL		Transaction ID: A2007-2208389
City State Zip Code RICHMOND KY 40475	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12.28
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 ▼ 282.44	

SUBTOTAL of Receipts This Page (optional)	▶	44.18
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:	PAGE 262 / 297
	(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. BRET D WEHRLY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2079 POWHATAN TRAIL		Transaction ID: A2007-2323078	
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 ▼ 294.72		

Full Name (Last, First, Middle Initial) B. DOUGLAS B WELCH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1724 INDEPENDENCE AVE		Transaction ID: A2007-2208156	
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 ▼ 1260.69		

Full Name (Last, First, Middle Initial) C. DOUGLAS B WELCH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1724 INDEPENDENCE AVE		Transaction ID: A2007-2322846	
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 ▼ 1316.23		

SUBTOTAL of Receipts This Page (optional) ▶	123.36
TOTAL This Period (last page this line 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 263 / 297
	(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. JONATHAN J WELLS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 5394 W RIVER BEND DRIVE		Transaction ID: A2007-2208384
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 ▼ 714.83	

Full Name (Last, First, Middle Initial) B. JONATHAN J WELLS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 5394 W RIVER BEND DRIVE		Transaction ID: A2007-2323073
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 ▼ 746.09	

Full Name (Last, First, Middle Initial) C. JEROME WHITE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 5081 OVERLOOK DR.		Transaction ID: A2007-2208064
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 ▼ 249.28	

SUBTOTAL of Receipts This Page (optional) ▶	73.38
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 264 / 297
	(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. JEROME WHITE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 5081 OVERLOOK DR.		Transaction ID: A2007-2322754
City ROSWELL	State GA	Zip Code 30075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.86
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 ▼ 260.14	

Full Name (Last, First, Middle Initial) B. ROBERT J WHITE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 909 STILLWATER COURT		Transaction ID: A2007-2208070
City WESTON	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.70
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 ▼ 785.89	

Full Name (Last, First, Middle Initial) C. ROBERT J WHITE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 909 STILLWATER COURT		Transaction ID: A2007-2322760
City WESTON	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.70
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 ▼ 818.59	

SUBTOTAL of Receipts This Page (optional)	▶	76.26
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 265 / 297
	<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. SAMUEL W WHITEMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 120 NE STONELEDGE PLACE		Transaction ID: A2007-2208373
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 ▼ 697.44	

Full Name (Last, First, Middle Initial) B. SAMUEL W WHITEMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 120 NE STONELEDGE PLACE		Transaction ID: A2007-2323062
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 ▼ 727.97	

Full Name (Last, First, Middle Initial) C. CYNTHIA A WHITFIELD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 135 CAMBRIDGE DR.		Transaction ID: A2007-2208056
City State Zip Code AURORA OH 44202	Amount of Each Receipt this Period 17.52	
FEC ID number of contributing federal political committee. C		
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 ▼ 399.74	

SUBTOTAL of Receipts This Page (optional) ▶	78.58
TOTAL This Period (last page this line 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 266 / 297
	<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)
CYNTHIA A WHITFIELD

Mailing Address 135 CAMBRIDGE DR.

City State Zip Code
AURORA OH 44202

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

Name of Employer Allstate Insurance Company Occupation Risk Management Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322746

Amount of Each Receipt this Period
17.52

B. Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

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 ▼ 855.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208111

Amount of Each Receipt this Period
37.59

C. Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

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 ▼ 893.21

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322801

Amount of Each Receipt this Period
37.59

SUBTOTAL of Receipts This Page (optional)	▶	92.70
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 267 / 297
	<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. ROB WHOLF		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 847 INTERLAKEN DRIVE		Transaction ID: A2007-2208148
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 ▼ 501.17	

Full Name (Last, First, Middle Initial) B. ROB WHOLF		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 847 INTERLAKEN DRIVE		Transaction ID: A2007-2322838
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 ▼ 522.96	

Full Name (Last, First, Middle Initial) C. JOHN K WILCOX		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1120 JESSICA LANE		Transaction ID: A2007-2208190
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 ▼ 727.65	

SUBTOTAL of Receipts This Page (optional) ▶	75.58
TOTAL This Period (last page this line 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 268 / 297
	<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 K WILCOX		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1120 JESSICA LANE		Transaction ID: A2007-2322880
City State Zip Code LIBERTYVILLE IL 60048	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 32.00
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 ▼ 759.65	

Full Name (Last, First, Middle Initial) B. ANISE D WILEY-LITTLE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 21030 W YORKSHIRE DR		Transaction ID: A2007-2208403
City State Zip Code KILDEER IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.87
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 ▼ 928.53	

Full Name (Last, First, Middle Initial) C. ANISE D WILEY-LITTLE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 21030 W YORKSHIRE DR		Transaction ID: A2007-2323092
City State Zip Code KILDEER IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.87
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 ▼ 969.40	

SUBTOTAL of Receipts This Page (optional)	▶	113.74
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 269 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JEFFREY W WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 7104 CHARDON COURT		Transaction ID: A2007-2208223
City CLARKSVILLE	State MD	Zip Code 21029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.77
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 ▼ 884.61	

Full Name (Last, First, Middle Initial) B. JEFFREY W WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 7104 CHARDON COURT		Transaction ID: A2007-2322913
City CLARKSVILLE	State MD	Zip Code 21029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.77
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 ▼ 923.38	

Full Name (Last, First, Middle Initial) C. THOMAS J WILSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2024 N. MOHAWK		Transaction ID: A2007-2208330
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.54
Name of Employer Allstate Insurance Company	Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	218.08
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:	PAGE 270 / 297
	(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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1403 N. WALNUT		Transaction ID: A2007-2208440	
City ARLINGTON HGHTS	State IL	Zip Code 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 ▼ 364.08		

Full Name (Last, First, Middle Initial) B. KURT L WINTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1403 N. WALNUT		Transaction ID: A2007-2323128	
City ARLINGTON HGHTS	State IL	Zip Code 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 ▼ 380.09		

Full Name (Last, First, Middle Initial) C. BRUCE A WOIKE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1318 N. CHESTNUT AVE.		Transaction ID: A2007-2208302	
City ARLINGTON HTS.	State IL	Zip Code 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 ▼ 483.09		

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: (check only one)	PAGE 271 / 297
	<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 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1318 N. CHESTNUT AVE.		Transaction ID: A2007-2322992	
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 ▼ 502.97	

Full Name (Last, First, Middle Initial) B. MATTHEW WOJTASZEK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 7 WELLESLEY COURT		Transaction ID: A2007-2208054	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 30.62	
FEC ID number of contributing federal political committee. C			
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 ▼ 701.26	

Full Name (Last, First, Middle Initial) C. MATTHEW WOJTASZEK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 7 WELLESLEY COURT		Transaction ID: A2007-2322744	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 30.62	
FEC ID number of contributing federal political committee. C			
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 ▼ 731.88	

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 272 / 297
	<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 Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2341 MARCY AVENUE		Transaction ID: A2007-2208394	
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 ▼ 803.31		

Full Name (Last, First, Middle Initial) B. RHONDA WOODARD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2341 MARCY AVENUE		Transaction ID: A2007-2323083	
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 ▼ 838.55		

Full Name (Last, First, Middle Initial) C. DAVID E WOOLWINE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1608 W. ROSEHILL DR		Transaction ID: A2007-2208099	
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 ▼ 335.40		

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 273 / 297
	<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 Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 1608 W. ROSEHILL DR		Transaction ID: A2007-2322789	
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 ▼ 350.15		

Full Name (Last, First, Middle Initial) B. DONALD F WYATT JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 811 DRESSER DR.		Transaction ID: A2007-2208195	
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 ▼ 791.17		

Full Name (Last, First, Middle Initial) C. DONALD F WYATT JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 811 DRESSER DR.		Transaction ID: A2007-2322885	
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 ▼ 825.86		

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:	PAGE 274 / 297
	(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. FLOYD M YAGER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1610 BIRCH LANE		Transaction ID: A2007-2208264
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 ▼ 1069.71	

Full Name (Last, First, Middle Initial) B. FLOYD M YAGER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1610 BIRCH LANE		Transaction ID: A2007-2322954
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 ▼ 1116.77	

Full Name (Last, First, Middle Initial) C. LORI J YELVINGTON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1531 N HIGHLAND AVE		Transaction ID: A2007-2208272
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 ▼ 1146.96	

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 275 / 297
	(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 Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1531 N HIGHLAND AVE		Transaction ID: A2007-2322962
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 ▼ 1197.40	

Full Name (Last, First, Middle Initial) B. RICHARD P YOCIUS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 40135 N GOLDENROD		Transaction ID: A2007-2208197
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 ▼ 927.53	

Full Name (Last, First, Middle Initial) C. RICHARD P YOCIUS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 40135 N GOLDENROD		Transaction ID: A2007-2322887
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 ▼ 969.28	

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: (check only one)	PAGE 276 / 297
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. JAMES E YOUNG		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 1212 N. WELLS ST. APT. 1504		Transaction ID: A2007-2208095
City CHICAGO	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.93
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 ▼ 406.99	

Full Name (Last, First, Middle Initial) B. JAMES E YOUNG		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
Mailing Address 1212 N. WELLS ST. APT. 1504		Transaction ID: A2007-2322785
City CHICAGO	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.93
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 ▼ 424.92	

Full Name (Last, First, Middle Initial) C. PHILLIP C YOUNG		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address 2181 APPLE HILL LANE		Transaction ID: A2007-2208228
City BUFFALO GROVE	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.08
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 ▼ 412.39	

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 277 / 297
	<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)
PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Allstate Insurance Company Occupation Director of Flight Operat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.47

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322918

Amount of Each Receipt this Period
18.08

B. Full Name (Last, First, Middle Initial)
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Personal Lines Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 397.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208262

Amount of Each Receipt this Period
33.11

C. Full Name (Last, First, Middle Initial)
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Personal Lines Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.43

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2322952

Amount of Each Receipt this Period
33.11

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 278 / 297
	<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)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1476.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208344

Amount of Each Receipt this Period
64.76

B. Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1541.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323033

Amount of Each Receipt this Period
64.76

C. Full Name (Last, First, Middle Initial)
ROBERT F ZEMBRASKI JR

Mailing Address 1113 W WRIGHTWOOD # 1E

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Allstate Insurance Company Occupation Consultant-M2600

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 352.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208014

Amount of Each Receipt this Period
15.46

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 279 / 297
	<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 ZEMBRASKI JR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1113 W WRIGHTWOOD # 1E		Transaction ID: A2007-2322704
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 ▼ 368.44	

Full Name (Last, First, Middle Initial) B. PAUL K ZIGTERMAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 236 SOUTH RIVERSIDE DRIVE		Transaction ID: A2007-2208317
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 ▼ 432.56	

Full Name (Last, First, Middle Initial) C. PAUL K ZIGTERMAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 236 SOUTH RIVERSIDE DRIVE		Transaction ID: A2007-2323007
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 ▼ 451.53	

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: (check only one)	PAGE 280 / 297
	<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)
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 819.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208335

Amount of Each Receipt this Period
35.95

B. Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 855.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A2007-2323024

Amount of Each Receipt this Period
35.95

C. Full Name (Last, First, Middle Initial)
CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 459.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A2007-2208399

Amount of Each Receipt this Period
20.86

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: (check only one)	PAGE 281 / 297
	<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. CARLA D ZUNIGA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 2189 N. BEAVER CREEK DRIVE		Transaction ID: A2007-2323088
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 ▼ 480.05	

Full Name (Last, First, Middle Initial) B. J K ZUZICH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1125 ACORN TRAIL		Transaction ID: A2007-2208390
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 ▼ 798.54	

Full Name (Last, First, Middle Initial) C. J K ZUZICH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7
Mailing Address 1125 ACORN TRAIL		Transaction ID: A2007-2323079
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 ▼ 833.67	

SUBTOTAL of Receipts This Page (optional) ▶	91.12
TOTAL This Period (last page this line number only) ▶	27463.61

**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 / 297

<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

A. Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: IL District:

Not Applicable

Transaction ID: B205790

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

165.57

SUBTOTAL of Disbursements This Page (optional)

165.57

TOTAL This Period (last page this line number only)

165.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. Neugebauer Congressional Committee		Transaction ID: B203240 Date of Disbursement 11 / 02 / 2007
Mailing Address 217-3rd Street SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement P-2008 U.S. House 19 TX	
Candidate Name Randy R Neugebauer	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: TX District: 19		

Full Name (Last, First, Middle Initial) B. Coleman for Senate 2008		Transaction ID: B203286 Date of Disbursement 11 / 05 / 2007
Mailing Address 7300 Hudson Blvd. Suite 270A		Amount of Each Disbursement this Period 1000.00
City St. Paul	State MN	
Zip Code 55128	Purpose of Disbursement P-2008 U.S. Senate MN	
Candidate Name Norm Coleman	Category/ Type 011	
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: MN District:		

Full Name (Last, First, Middle Initial) C. Kirk for Congress		Transaction ID: B203288 Date of Disbursement 11 / 05 / 2007
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka	State IL	
Zip Code 60093	Purpose of Disbursement G-2008 U.S. House 10 IL	
Candidate Name Mark S Kirk	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 10		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

PAGE 284 / 297

<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 John Barrasso		Transaction ID: B204024 Date of Disbursement 11 / 07 / 2007
Mailing Address 406 Virginia Ave.		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302	011 Category/ Type	
Purpose of Disbursement O-2008 U.S. Senate WY		
Candidate Name John Barrasso		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	

Full Name (Last, First, Middle Initial) B. Elizabeth Dole Committee Inc.		Transaction ID: B204154 Date of Disbursement 11 / 09 / 2007
Mailing Address P.O. Box 2918		Amount of Each Disbursement this Period 2000.00
City Raleigh State NC Zip Code 27602	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate NC		
Candidate Name Elizabeth Dole		
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. SnowPAC		Transaction ID: B204345 Date of Disbursement 11 / 14 / 2007
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement O-2007 Federal PAC US		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT 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)	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)

<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: B204346 Date of Disbursement 11 / 14 / 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. Texans for Senator John Cornyn		Transaction ID: B204347 Date of Disbursement 11 / 14 / 2007
Mailing Address 201 Massachusetts Ave. NE Ste C3		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate TX		
Candidate Name John Cornyn		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX 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. Klein for Congress		Transaction ID: B204348 Date of Disbursement 11 / 14 / 2007
Mailing Address 10 G Street NE Suite 470		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 22 FL		
Candidate Name Ron Klein		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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) ▶	(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)

PAGE 286 / 297

<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. Larson for Congress		Transaction ID: B204349 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 1000.00
City Falls Church State VA Zip Code 22046	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 01 CT		
Candidate Name John B Larson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bill Nelson for US Senate		Transaction ID: B204350 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 2000.00
City Satellite Beach State FL Zip Code 32937	011 Category/ Type	
Purpose of Disbursement P-2012 U.S. Senate FL		
Candidate Name Bill Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Zack Space for Congress Cmte		Transaction ID: B204351 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 714 N. Wooster Ave.		Amount of Each Disbursement this Period 1000.00
City Dover State OH Zip Code 44622	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 18 OH		
Candidate Name Zachary T Space		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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) ▶	(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)

<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. Tim Mahoney for Florida		Transaction ID: B204481 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 233 Massachusetts Ave. NE 2nd Flr.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 16 FL		
Candidate Name Tim Mahoney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Moving America Forward PAC		Transaction ID: B204482 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 426 C Street NE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement O-2007 Federal PAC VA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA 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) C. Johanns for U.S. Senate		Transaction ID: B205166 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 228 S. Washington St. Suite B-20		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate NE		
Candidate Name Mike Johanns		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Pennsylvanians for Kanjorski		Transaction ID: B205169
Mailing Address 126 South Franklin Street		Date of Disbursement 11 / 29 / 2007
City Wilkes-Barre	State PA	Zip Code 18701
Purpose of Disbursement P-2008 U.S. House 11 PA		Amount of Each Disbursement this Period 2500.00
Candidate Name Paul E Kanjorski		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: PA	District: 11	

Full Name (Last, First, Middle Initial) B. Brad Miller for Congress		Transaction ID: B205170
Mailing Address 499 S. Capitol St. SW Suite 604		Date of Disbursement 11 / 29 / 2007
City Washington	State DC	Zip Code 20003
Purpose of Disbursement P-2008 U.S. House 13 NC		Amount of Each Disbursement this Period 1000.00
Candidate Name Brad (Ralph Bradley) Miller		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: NC	District: 13	

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	23500.00

**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)

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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. Friends of Bob Regola		Transaction ID: B203239 Date of Disbursement 11 / 02 / 2007
Mailing Address 22 Glenmeade Road		Amount of Each Disbursement this Period 500.00
City Greensburg State PA Zip Code 15601	011 Category/ Type	
Purpose of Disbursement G-2008 State Senate 39 PA		
Candidate Name Robert Regola		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 39	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Giannoulis		Transaction ID: B203931 Date of Disbursement 11 / 06 / 2007
Mailing Address PO Box 8588		Amount of Each Disbursement this Period 500.00
City Chicago State IL Zip Code 60680	011 Category/ Type	
Purpose of Disbursement G-2010 State Treasurer IL		
Candidate Name Alexi Giannoulis		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens to Elect Karen Yarbrough		Transaction ID: B203932 Date of Disbursement 11 / 06 / 2007
Mailing Address P.O. Box 6148		Amount of Each Disbursement this Period 500.00
City Broadview State IL Zip Code 60155	011 Category/ Type	
Purpose of Disbursement G-2008 State House 07 IL		
Candidate Name Karen Yarbrough		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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. Citizens for Frank J. Mautino		Transaction ID: B203933 Date of Disbursement 11 / 06 / 2007
Mailing Address 108 W. Saint Paul St. Ste. B		Amount of Each Disbursement this Period 1000.00
City Spring Valley State IL Zip Code 61362	011 Category/ Type	
Purpose of Disbursement G-2008 State House 76 IL		
Candidate Name Frank J Mautino		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 76	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Ken Dunkin		Transaction ID: B203934 Date of Disbursement 11 / 06 / 2007
Mailing Address P.O. Box 16802		Amount of Each Disbursement this Period 500.00
City Chicago State IL Zip Code 60616	011 Category/ Type	
Purpose of Disbursement G-2008 State House 05 IL		
Candidate Name Kenneth Dunkin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Michael J. Madigan		Transaction ID: B203935 Date of Disbursement 11 / 06 / 2007
Mailing Address P.O. Box 3188		Amount of Each Disbursement this Period 2000.00
City Chicago State IL Zip Code 60654	011 Category/ Type	
Purpose of Disbursement G-2008 State House 22 IL		
Candidate Name Michael J Madigan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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. PA Senate Republican Campaign Cmte		Transaction ID: B204273 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 792		Amount of Each Disbursement this Period 1000.00
City Harrisburg State PA Zip Code 17108	Purpose of Disbursement O-2007 State Party Cmte PA Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA 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. McDonnell for Virginia		Transaction ID: B204275 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
Mailing Address PO Box 438		Amount of Each Disbursement this Period 2500.00
City Richmond State VA Zip Code 23218	Purpose of Disbursement P-2009 Governor VA Candidate Name Bob McDonnell 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:		Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. McMaster Attorney General		Transaction ID: B204536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 11063		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement P-2010 State Att. General SC Candidate Name Henry McMaster 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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. Mike Gipson for Assembly ID# 1299769		Transaction ID: B204806 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 20715 Avalon Blvd. Suite 365		Amount of Each Disbursement this Period 1500.00
City Carson State CA Zip Code 90746	011 Category/ Type	
Purpose of Disbursement O-2007 State House 55 CA		
Candidate Name Mike A Gipson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 55	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	

Full Name (Last, First, Middle Initial) B. Diane Harkey for Assembly ID# 1294082		Transaction ID: B204807 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 471		Amount of Each Disbursement this Period 500.00
City Sacramento State CA Zip Code 95812	011 Category/ Type	
Purpose of Disbursement P-2008 State House 73 CA		
Candidate Name Diane Harkey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 73	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Sam Smith		Transaction ID: B204975 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address 211 Dinsmore Avenue		Amount of Each Disbursement this Period 1000.00
City Punxsutawney State PA Zip Code 15767	011 Category/ Type	
Purpose of Disbursement P-2008 State House 66 PA		
Candidate Name Samuel H Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 66	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)

<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. Rich Golick Campaign Cmte.		Transaction ID: B205063 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 2372 Simpson Farm Way		Amount of Each Disbursement this Period 2000.00
City State Zip Code Smyrna GA 30080	011 Category/ Type	
Purpose of Disbursement P-2008 State House 34 GA		
Candidate Name Rich Golick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Jesse White		Transaction ID: B205119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 134 N. La Salle St. Suite 1814		Amount of Each Disbursement this Period 500.00
City State Zip Code Chicago IL 60602	011 Category/ Type	
Purpose of Disbursement G-2010 Sec. of State IL		
Candidate Name Jesse White		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Clayborne		Transaction ID: B205120 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 133 Longmeade Drive		Amount of Each Disbursement this Period 1000.00
City State Zip Code O'Fallon IL 62269	011 Category/ Type	
Purpose of Disbursement G-2008 State Senate 57 IL		
Candidate Name James F Clayborne		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 57	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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. Friends of Bill Haine		Transaction ID: B205121 Date of Disbursement 11 / 29 / 2007
Mailing Address PO Box 67		Amount of Each Disbursement this Period 2000.00
City Alton State IL Zip Code 62002	011 Category/ Type	
Purpose of Disbursement G-2008 State Senate 56 IL		
Candidate Name William Haine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 56	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends for Hultgren		Transaction ID: B205122 Date of Disbursement 11 / 29 / 2007
Mailing Address PO Box 4321		Amount of Each Disbursement this Period 1000.00
City Naperville State IL Zip Code 60567	011 Category/ Type	
Purpose of Disbursement G-2008 State Senate 48 IL		
Candidate Name Randy Hultgren		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 48	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of John J. Millner		Transaction ID: B205123 Date of Disbursement 11 / 29 / 2007
Mailing Address PO Box 88801		Amount of Each Disbursement this Period 1000.00
City Carol Stream State IL Zip Code 60188	011 Category/ Type	
Purpose of Disbursement G-2010 State Senate 28 IL		
Candidate Name John J Millner		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 28	Disbursement For: 2010 <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. Dan Rutherford Campaign Cmte.		Transaction ID: B205124 Date of Disbursement 11 / 29 / 2007
Mailing Address 220 W. Howard Street		Amount of Each Disbursement this Period 1000.00
City Pontiac State IL Zip Code 61764		
Purpose of Disbursement G-2008 State Senate 53 IL	011 Category/ Type	
Candidate Name Dan Rutherford		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 53	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Colvin		Transaction ID: B205125 Date of Disbursement 11 / 29 / 2007
Mailing Address 8539 S. Cottage Grove Ave.		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60619		
Purpose of Disbursement G-2008 State House 33 IL	011 Category/ Type	
Candidate Name Marlow Colvin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 33	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends for Susana Mendoza		Transaction ID: B205126 Date of Disbursement 11 / 29 / 2007
Mailing Address 2646 S Sawyer Ave.		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60623		
Purpose of Disbursement G-2008 State House 01 IL	011 Category/ Type	
Candidate Name Susana Mendoza		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

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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. Friends of Robert (Bob) Rita		Transaction ID: B205128 Date of Disbursement 11 / 29 / 2007
Mailing Address 2030 High St.		Amount of Each Disbursement this Period 1000.00
City Blue Island	State IL	
Zip Code 60406		
Purpose of Disbursement G-2008 State House 28 IL Candidate Name Bob Rita Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 28		

Full Name (Last, First, Middle Initial) B. Friends of Saviano		Transaction ID: B205129 Date of Disbursement 11 / 29 / 2007
Mailing Address 8153 Grand Ave.		Amount of Each Disbursement this Period 1000.00
City River Grove	State IL	
Zip Code 60171		
Purpose of Disbursement G-2008 State House 77 IL Candidate Name Angelo (Skip) Saviano Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 77		

Full Name (Last, First, Middle Initial) C. Governor Kathleen Blanco Campaign		Transaction ID: B155207 Date of Disbursement 11 / 30 / 2007
Mailing Address P.O. Box 80722		Amount of Each Disbursement this Period -1000.00
City Lafayette	State LA	
Zip Code 70598		
Purpose of Disbursement P-2007 Governor LA Candidate Name Kathleen Blanco Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District:		Check Voided. Previously reported on FEC Year-End Report.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	24000.00

Image# 27991012565

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.
