

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="18587.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62341.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20202.21"/>	<input type="text" value="155238.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="82544.13"/>	<input type="text" value="173825.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="57385.02"/>	<input type="text" value="148666.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25159.11"/>	<input type="text" value="25159.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19282.67	101462.30
(ii) Unitemized	919.54	53776.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20202.21	155238.44
(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)	20202.21	155238.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20202.21	155238.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20202.21	155238.44

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	85.02	776.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85.02	776.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	97000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	40800.00	50890.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	57385.02	148666.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57385.02	148666.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20202.21	155238.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20202.21	155238.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	85.02	776.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	85.02	776.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. REBECCA A ABEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 657 CORAL COURT
 City LINDENHURST State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims Service Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550406
 Amount of Each Receipt this Period
 24.70

B. REBECCA A ABEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 657 CORAL COURT
 City LINDENHURST State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims Service Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594450
 Amount of Each Receipt this Period
 24.70

C. ERNEST D ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 105
 City Grayslake State IL Zip Code 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550233
 Amount of Each Receipt this Period
 20.88

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ERNEST D ADAMS

Mailing Address P O Box 105

City Grayslake State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.20**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594279

Amount of Each Receipt this Period
20.88

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

Mailing Address 200 W MILL VALLEY DR

City COLLEYVILLE State TX Zip Code 76034

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

Name of Employer Allstate Insurance Company Occupation ATO-Service Manager-Sr Te

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.03**

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550341

Amount of Each Receipt this Period
16.68

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

Mailing Address 200 W MILL VALLEY DR

City COLLEYVILLE State TX Zip Code 76034

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

Name of Employer Allstate Insurance Company Occupation ATO-Service Manager-Sr Te

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.71**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594385

Amount of Each Receipt this Period
16.68

SUBTOTAL of Receipts This Page (optional)..... ▶ **54.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 189
	<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. DENIS BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code
Scottsdale AZ 85255

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.34

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550166

Amount of Each Receipt this Period
23.26

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

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code
Scottsdale AZ 85255

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594212

Amount of Each Receipt this Period
23.26

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

Mailing Address 1225 W. Morse Unit 508

City State Zip Code
Chicago IL 60626

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

Name of Employer Occupation
Allstate Insurance Company Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
448.01

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550345

Amount of Each Receipt this Period
32.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.90

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

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

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

FOR LINE NUMBER: PAGE 10 OF 189
(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. ALEXANDRA BALATSOUKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 W. Morse Unit 508
 City Chicago State IL Zip Code 60626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Claims Senior Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594389
 Amount of Each Receipt this Period
 32.38

B. WILLIAM P BALLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Blue Heron Way
 City Skillman State NJ Zip Code 08558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PC-Agency Contact Cen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 503.61

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550208
 Amount of Each Receipt this Period
 39.37

C. WILLIAM P BALLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Blue Heron Way
 City Skillman State NJ Zip Code 08558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PC-Agency Contact Cen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 542.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594254
 Amount of Each Receipt this Period
 39.37

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.12
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 189
	<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. PHILLIP W BANET		Date of Receipt
Mailing Address 4589 JADE LANE		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code HOFFMAN ESTATES IL 60192		Transaction ID : A2014-1550238
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="42.21"/>
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 ▼ <input type="text" value="585.41"/>	

Full Name (Last, First, Middle Initial) B. PHILLIP W BANET		Date of Receipt
Mailing Address 4589 JADE LANE		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City State Zip Code HOFFMAN ESTATES IL 60192		Transaction ID : A2014-1594283
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="42.21"/>
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 ▼ <input type="text" value="627.62"/>	

Full Name (Last, First, Middle Initial) C. ROBERT K BECKER		Date of Receipt
Mailing Address 5 Greensview Lane		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Scotch Plains NJ 07076		Transaction ID : A2014-1550179
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.33"/>
Name of Employer Allstate Insurance Company	Occupation SVP-SAL-Field Senior Vice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="420.57"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="114.75"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 5 Greensview Lane

City State Zip Code
Scotch Plains NJ 07076

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594225

Amount of Each Receipt this Period
30.33

Full Name (Last, First, Middle Initial)
B. DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Allstate Insurance Company Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550266

Amount of Each Receipt this Period
22.86

Full Name (Last, First, Middle Initial)
C. DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Allstate Insurance Company Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594311

Amount of Each Receipt this Period
22.86

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. WALTER A BERKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 GATESHEAD DRIVE
 City NAPERVILLE State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AFT-Architect-Expert
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.87

Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550307
 Amount of Each Receipt this Period 37.14

B. WALTER A BERKOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 GATESHEAD DRIVE
 City NAPERVILLE State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AFT-Architect-Expert
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.01

Date of Receipt 07 / 25 / 2014
Transaction ID : A2014-1594352
 Amount of Each Receipt this Period 37.14

C. EDWARD A BIEMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 Greenwood Ave.
 City GLENCOE State IL Zip Code 60022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PRD-Product Line Mana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 604.51

Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550192
 Amount of Each Receipt this Period 43.52

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.80
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Allstate Insurance Company SVP-PRD-Product Line Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **648.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594238

Amount of Each Receipt this Period
43.52

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code
 LINCOLN NE 68516

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

Name of Employer Occupation
 Allstate Insurance Company Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **274.57**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550310

Amount of Each Receipt this Period
19.86

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code
 LINCOLN NE 68516

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

Name of Employer Occupation
 Allstate Insurance Company Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.43**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594354

Amount of Each Receipt this Period
19.86

SUBTOTAL of Receipts This Page (optional)..... ▶ **83.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 189
	<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. SUSAN F BOMBECK
Full Name (Last, First, Middle Initial)

Mailing Address 506 Blackhawk Ct

City	State	Zip Code
Loomis	CA	95650

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

Name of Employer	Occupation
Allstate Insurance Company	Technical Claim Process S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.01**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550407

Amount of Each Receipt this Period

16.20

B. SUSAN F BOMBECK
Full Name (Last, First, Middle Initial)

Mailing Address 506 Blackhawk Ct

City	State	Zip Code
Loomis	CA	95650

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

Name of Employer	Occupation
Allstate Insurance Company	Technical Claim Process S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594451

Amount of Each Receipt this Period

16.20

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

Mailing Address 11988 Crafton Hills Crt

City	State	Zip Code
Yucaipa	CA	92399

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

Name of Employer	Occupation
Allstate Insurance Company	Financial Sales Consultan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.86**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550403

Amount of Each Receipt this Period

33.49

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 11988 Crafton Hills Crt

City Yucaipa State CA Zip Code 92399

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

Name of Employer Allstate Insurance Company Occupation Financial Sales Consultan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **502.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594447

Amount of Each Receipt this Period
33.49

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

Mailing Address 827 N. HADDOW AVENUE

City ARLINGTON HTS State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation VP-EB-Head of Stratetic G

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **439.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550265

Amount of Each Receipt this Period
31.66

Full Name (Last, First, Middle Initial)
C. WILLIAM B BORST

Mailing Address 827 N. HADDOW AVENUE

City ARLINGTON HTS State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation VP-EB-Head of Stratetic G

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594310

Amount of Each Receipt this Period
31.66

SUBTOTAL of Receipts This Page (optional)..... ▶ **96.81**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 189
	<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. GWEN K BOWN

Mailing Address 5220 SAWGRASS DR.

City LINCOLN	State NE	Zip Code 68526
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AFT-Manager-Sr Manager
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550385

Amount of Each Receipt this Period
17.16

Full Name (Last, First, Middle Initial)
B. GWEN K BOWN

Mailing Address 5220 SAWGRASS DR.

City LINCOLN	State NE	Zip Code 68526
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AFT-Manager-Sr Manager
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594429

Amount of Each Receipt this Period
17.16

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

Mailing Address 6350 S Langdale Way

City Aurora	State CO	Zip Code 80016
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Regional Sales Leader
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
531.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550390

Amount of Each Receipt this Period
38.33

SUBTOTAL of Receipts This Page (optional).....	72.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. LONDON B BRADLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6350 S Langdale Way
 City Aurora State CO Zip Code 80016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Regional Sales Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594434
 Amount of Each Receipt this Period
 38.33

B. KENNETH A BRANCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 28955 NIBLICK KNOLL CT.
 City IVANHOE State IL Zip Code 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-AHA-Independent Channe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550369
 Amount of Each Receipt this Period
 23.34

C. KENNETH A BRANCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 28955 NIBLICK KNOLL CT.
 City IVANHOE State IL Zip Code 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-AHA-Independent Channe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 347.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594413
 Amount of Each Receipt this Period
 23.34

SUBTOTAL of Receipts This Page (optional).....▶	85.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DUDLEY R BRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 18135 W MEANDER DR

City GRAYSLAKE	State IL	Zip Code 60030
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation PF-Fin Analysis-Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.18**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550203

Amount of Each Receipt this Period

21.41

B. DUDLEY R BRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 18135 W MEANDER DR

City GRAYSLAKE	State IL	Zip Code 60030
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation PF-Fin Analysis-Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.59**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594249

Amount of Each Receipt this Period

21.41

C. SHAWN L BROADFIELD
Full Name (Last, First, Middle Initial)
Mailing Address 1044 APPLE BLOSSOM COURT

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-CLM-Claims Technical E
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.13**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550271

Amount of Each Receipt this Period

53.59

SUBTOTAL of Receipts This Page (optional).....▶	96.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 189
	<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. SHAWN L BROADFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 1044 APPLE BLOSSOM COURT

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-CLM-Claims Technical E
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594316

Amount of Each Receipt this Period

53.59

B. LORRIE K BROUSE
Full Name (Last, First, Middle Initial)

Mailing Address 223 POLK PLACE DRIVE

City FRANKLIN	State TN	Zip Code 37064
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **564.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550217

Amount of Each Receipt this Period

40.80

C. LORRIE K BROUSE
Full Name (Last, First, Middle Initial)

Mailing Address 223 POLK PLACE DRIVE

City FRANKLIN	State TN	Zip Code 37064
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **605.79**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594263

Amount of Each Receipt this Period

40.80

SUBTOTAL of Receipts This Page (optional).....▶	135.19
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. PAMELA S BROWN			Date of Receipt
Mailing Address 5886 TEAL LANE			<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-1550337
LONG GROVE	IL	60047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="21.00"/>
Name of Employer	Occupation		
Allstate Insurance Company	Corporate Counsel		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="292.15"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PAMELA S BROWN			Date of Receipt
Mailing Address 5886 TEAL LANE			<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-1594381
LONG GROVE	IL	60047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="21.00"/>
Name of Employer	Occupation		
Allstate Insurance Company	Corporate Counsel		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="313.15"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ANNE MARIE L BRUNNER			Date of Receipt
Mailing Address 2514 SOUTH WESLEY AVE			<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-1550270
BERWYN	IL	60402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.67"/>
Name of Employer	Occupation		
Allstate Insurance Company	Corporate Counsel		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="564.02"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="82.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code
 BERWYN IL 60402

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 604.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594315

Amount of Each Receipt this Period
 40.67

Full Name (Last, First, Middle Initial)
B. JOHN E BUCHANAN

Mailing Address 26 W. 690 LINDSEY AVE.

City State Zip Code
 WINFIELD IL 60190

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550328

Amount of Each Receipt this Period
 18.08

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

Mailing Address 26 W. 690 LINDSEY AVE.

City State Zip Code
 WINFIELD IL 60190

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 268.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594372

Amount of Each Receipt this Period
 18.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.83

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

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

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

FOR LINE NUMBER: PAGE 23 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. CHERI M BUCKLEY

Mailing Address 249 S. OLD CREEK RD

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Occupation
Allstate Insurance Company ATO-Manager-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594377

Amount of Each Receipt this Period
13.47

Full Name (Last, First, Middle Initial)
B. MARK L BUKOWY

Mailing Address 1077 Devon Drive

City State Zip Code
Antioch IL 60002

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

Name of Employer Occupation
Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550268

Amount of Each Receipt this Period
16.76

Full Name (Last, First, Middle Initial)
C. MARK L BUKOWY

Mailing Address 1077 Devon Drive

City State Zip Code
Antioch IL 60002

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

Name of Employer Occupation
Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594313

Amount of Each Receipt this Period
16.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. GREGORY C BURNS
Full Name (Last, First, Middle Initial)

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Occupation
Allstate Insurance Company SVP-HR-Client Partnership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
872.35

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594242

Amount of Each Receipt this Period
58.85

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

Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1255.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550360

Amount of Each Receipt this Period
90.29

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

Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1345.35

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594404

Amount of Each Receipt this Period
90.29

SUBTOTAL of Receipts This Page (optional).....▶	239.43
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 189
	<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. Alfredo M Cantoral		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550434
Mailing Address 340 W Superior St		Amount of Each Receipt this Period 26.48
City Chicago	State IL	Zip Code 60654
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.25	

Full Name (Last, First, Middle Initial) B. Alfredo M Cantoral		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : A2014-1594478
Mailing Address 340 W Superior St		Amount of Each Receipt this Period 26.48
City Chicago	State IL	Zip Code 60654
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.73	

Full Name (Last, First, Middle Initial) C. VIRGINIA O CHIAPPETTA		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550316
Mailing Address 165 ARLINGTON AVE		Amount of Each Receipt this Period 21.54
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation ATO-Communications-Sr Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.63	

SUBTOTAL of Receipts This Page (optional).....▶	74.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 189
	<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. VIRGINIA O CHIAPPETTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 ARLINGTON AVE
 City ELMHURST State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Communications-Sr Man
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.17

Date of Receipt 07 / 25 / 2014
Transaction ID : A2014-1594360
 Amount of Each Receipt this Period 21.54

B. BRIAN L CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 Lake Circle
 City MADISON State MS Zip Code 39110
 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 ▼ 264.18

Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550368
 Amount of Each Receipt this Period 19.05

C. BRIAN L CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 Lake Circle
 City MADISON State MS Zip Code 39110
 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 ▼ 283.23

Date of Receipt 07 / 25 / 2014
Transaction ID : A2014-1594412
 Amount of Each Receipt this Period 19.05

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.64
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. EDWARD T CLARK		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550321
Mailing Address 2907 GLENARYE DR		Amount of Each Receipt this Period 30.77
City LINDENHURST	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation Prod Ops State Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.73	

Full Name (Last, First, Middle Initial) B. EDWARD T CLARK		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : A2014-1594365
Mailing Address 2907 GLENARYE DR		Amount of Each Receipt this Period 30.77
City LINDENHURST	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation Prod Ops State Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.50	

Full Name (Last, First, Middle Initial) C. CHRISTOPHER W CLAY		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550419
Mailing Address 9832 Toscano Drive		Amount of Each Receipt this Period 36.88
City ELK GROVE	State CA	Zip Code 95757
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation Senior Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.74	

SUBTOTAL of Receipts This Page (optional).....▶	98.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

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

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

Name of Employer Allstate Insurance Company	Occupation Senior Attorney
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **547.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594463

Amount of Each Receipt this Period

36.88

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

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

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

Name of Employer Allstate Insurance Company	Occupation Marketing Regional Sr Mgr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550319

Amount of Each Receipt this Period

33.41

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

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

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

Name of Employer Allstate Insurance Company	Occupation Marketing Regional Sr Mgr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.61**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594363

Amount of Each Receipt this Period

33.41

SUBTOTAL of Receipts This Page (optional).....▶	103.70
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. LISA D COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 FAIRVIEW AVENUE
 City WINNETKA State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-Integrated Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 543.54

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550292
 Amount of Each Receipt this Period
 39.13

B. LISA D COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 FAIRVIEW AVENUE
 City WINNETKA State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-Integrated Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.67

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594337
 Amount of Each Receipt this Period
 39.13

C. PATRICK E COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6911 Brimstone Lane
 City Fairfax Station State VA Zip Code 22039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation HR-Client Partner Field B
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.51

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550215
 Amount of Each Receipt this Period
 17.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.26
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 31 OF 189
(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. PATRICK E COCHRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6911 Brimstone Lane
 City State Zip Code
 Fairfax Station VA 22039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company HR-Client Partner Field B
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 253.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594261
 Amount of Each Receipt this Period
 17.00

B. PATRICIA A COFFEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21200 W. KEPWICK
 City State Zip Code
 KILDEER IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ATO-Delivery & Risk M
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 501.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550295
 Amount of Each Receipt this Period
 36.36

C. PATRICIA A COFFEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21200 W. KEPWICK
 City State Zip Code
 KILDEER IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ATO-Delivery & Risk M
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 537.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594340
 Amount of Each Receipt this Period
 36.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.72
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company VP-LGL-Public Policy Deve

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550263

Amount of Each Receipt this Period
 51.92

Full Name (Last, First, Middle Initial)
B. EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City State Zip Code
 GURNEE IL 60031

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

Name of Employer Occupation
 Allstate Insurance Company VP-LGL-Public Policy Deve

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 772.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594308

Amount of Each Receipt this Period
 51.92

Full Name (Last, First, Middle Initial)
C. LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City State Zip Code
 Palatine IL 60067

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

Name of Employer Occupation
 Allstate Insurance Company Senior Actuary

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 295.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550283

Amount of Each Receipt this Period
 21.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 189
	<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. LARRY K CONLEE
Full Name (Last, First, Middle Initial)
Mailing Address 363 Kensington Ct.
City Palatine State IL Zip Code 60067
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Senior Actuary
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **316.63**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594328
Amount of Each Receipt this Period **21.36**

B. PETER T CORRIGAN
Full Name (Last, First, Middle Initial)
Mailing Address 28852 FOREST LAKE LANE
City GREEN OAKS State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP-ATO-Bus Prtn-Sales &
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **945.93**

Date of Receipt **07 / 11 / 2014**
Transaction ID : A2014-1550164
Amount of Each Receipt this Period **69.36**

C. PETER T CORRIGAN
Full Name (Last, First, Middle Initial)
Mailing Address 28852 FOREST LAKE LANE
City GREEN OAKS State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP-ATO-Bus Prtn-Sales &
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1015.29**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594210
Amount of Each Receipt this Period **69.36**

SUBTOTAL of Receipts This Page (optional)..... **160.08**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 189
	<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. ERROL CRAMER
Full Name (Last, First, Middle Initial)
Mailing Address 1111 SARANAC AVE.
City NORTHBROOK State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation VP-AF-Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 267.22

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550297
Amount of Each Receipt this Period
19.18

B. ERROL CRAMER
Full Name (Last, First, Middle Initial)
Mailing Address 1111 SARANAC AVE.
City NORTHBROOK State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation VP-AF-Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 286.40

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594342
Amount of Each Receipt this Period
19.18

C. RICHARD C CRIST Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 252 Center Point Lane
City Lansdale State PA Zip Code 19446
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1062.71

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550201
Amount of Each Receipt this Period
76.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.11
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. RICHARD C CRIST Jr.
 Mailing Address 252 Center Point Lane
 City Lansdale State PA Zip Code 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1139.46**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594247
 Amount of Each Receipt this Period **76.75**

Full Name (Last, First, Middle Initial)
B. ROBERT W DANIELS
 Mailing Address 1020 Pleasant Street #1
 City Oak Park State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corp Rel Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **564.57**

Date of Receipt **07 / 11 / 2014**
Transaction ID : A2014-1550216
 Amount of Each Receipt this Period **40.58**

Full Name (Last, First, Middle Initial)
C. ROBERT W DANIELS
 Mailing Address 1020 Pleasant Street #1
 City Oak Park State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corp Rel Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **605.15**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594262
 Amount of Each Receipt this Period **40.58**

SUBTOTAL of Receipts This Page (optional)..... ▶ **157.91**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2104 Butternut Ln

City NORTHBROOK State IL Zip Code 60062

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 ▼ 260.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550224

Amount of Each Receipt this Period
 18.78

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

Mailing Address 2104 Butternut Ln

City NORTHBROOK State IL Zip Code 60062

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 ▼ 279.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594270

Amount of Each Receipt this Period
 18.78

C. RANDALL S DECOURSEY
Full Name (Last, First, Middle Initial)

Mailing Address 1954 Oakwood Dr

City Arlington Heights State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation VP-AF-Contact Center Impl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 632.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550264

Amount of Each Receipt this Period
 45.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RANDALL S DECOURSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1954 Oakwood Dr
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-AF-Contact Center Impl
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 678.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594309
 Amount of Each Receipt this Period
 45.86

B. STEVEN J DEGNAN-SCHMIDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 MULBERRY LN.
 City State Zip Code
 CARY IL 60013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Mgmt Consulting-Direc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550231
 Amount of Each Receipt this Period
 43.18

C. STEVEN J DEGNAN-SCHMIDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 MULBERRY LN.
 City State Zip Code
 CARY IL 60013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Mgmt Consulting-Direc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 643.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594277
 Amount of Each Receipt this Period
 43.18

SUBTOTAL of Receipts This Page (optional).....▶	132.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 189
	<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. JEFFREY F DEIGL		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550332
Mailing Address 453 PRAIRIE		Amount of Each Receipt this Period 57.20
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-PRD-Product Vice Presi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 795.71	

Full Name (Last, First, Middle Initial) B. JEFFREY F DEIGL		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : A2014-1594376
Mailing Address 453 PRAIRIE		Amount of Each Receipt this Period 57.20
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-PRD-Product Vice Presi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 852.91	

Full Name (Last, First, Middle Initial) C. DEIDRE B DERRIG		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550313
Mailing Address 460 TOWER ROAD		Amount of Each Receipt this Period 22.98
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.56	

SUBTOTAL of Receipts This Page (optional).....▶	137.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 189
	<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. DEIDRE B DERRIG
Full Name (Last, First, Middle Initial)
Mailing Address 460 TOWER ROAD

City BARRINGTON	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.54**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594357

Amount of Each Receipt this Period

66.34	66.34	66.34	66.34	66.34
22.98				

B. Kristine DiGirolamo
Full Name (Last, First, Middle Initial)
Mailing Address 10123 NORTH RIVER ROAD

City BARRINGTON HILLS	State IL	Zip Code 60102
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550361

Amount of Each Receipt this Period

66.34	66.34	66.34	66.34	66.34
21.68				

C. Kristine DiGirolamo
Full Name (Last, First, Middle Initial)
Mailing Address 10123 NORTH RIVER ROAD

City BARRINGTON HILLS	State IL	Zip Code 60102
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594405

Amount of Each Receipt this Period

66.34	66.34	66.34	66.34	66.34
21.68				

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 421 Chapel Hill Lane

City Northfield State IL Zip Code 60093

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **904.74**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550421

Amount of Each Receipt this Period
65.52

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

Mailing Address 421 Chapel Hill Lane

City Northfield State IL Zip Code 60093

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.26**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594465

Amount of Each Receipt this Period
65.52

Full Name (Last, First, Middle Initial)
C. SARAH R DONAHUE

Mailing Address 4147 RFD

City LONG GROVE State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation VP-AF-Program Mgmt Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **857.83**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550314

Amount of Each Receipt this Period
61.47

SUBTOTAL of Receipts This Page (optional)..... ▶ **192.51**

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

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

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

FOR LINE NUMBER: PAGE 41 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. SARAH R DONAHUE
 Mailing Address 4147 RFD
 City State Zip Code
 LONG GROVE IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-AF-Program Mgmt Office
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 919.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594358
 Amount of Each Receipt this Period
 61.47

Full Name (Last, First, Middle Initial)
B. BRIAN M DONLAN
 Mailing Address 3806 W. Devon Ave
 City State Zip Code
 Lincolnwood IL 60712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Senior Actuary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 302.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550382
 Amount of Each Receipt this Period
 21.72

Full Name (Last, First, Middle Initial)
C. BRIAN M DONLAN
 Mailing Address 3806 W. Devon Ave
 City State Zip Code
 Lincolnwood IL 60712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Senior Actuary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 323.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594426
 Amount of Each Receipt this Period
 21.72

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.91
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 42 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. PATRICIA B DREXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 472 W. SYCAMORE ST.
 City State Zip Code
 VERNON HILLS IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Marketing Senior Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 452.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550251
 Amount of Each Receipt this Period
 32.73

B. PATRICIA B DREXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 472 W. SYCAMORE ST.
 City State Zip Code
 VERNON HILLS IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Marketing Senior Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 485.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594296
 Amount of Each Receipt this Period
 32.73

C. SUSAN DUCHAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4815 HIGHLAND AVE.
 City State Zip Code
 DOWNERS GROVE IL 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Sr Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 214.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550416
 Amount of Each Receipt this Period
 15.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.94
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 18202 HARNISH RD.

City State Zip Code
 ROSCOE IL 61073

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

Name of Employer Occupation
 Allstate Insurance Company Staff Claims Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 404.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550302

Amount of Each Receipt this Period
 29.17

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

Mailing Address 18202 HARNISH RD.

City State Zip Code
 ROSCOE IL 61073

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

Name of Employer Occupation
 Allstate Insurance Company Staff Claims Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 433.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594347

Amount of Each Receipt this Period
 29.17

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

Mailing Address 1860 Admiral Court

City State Zip Code
 GLENVIEW IL 60026

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

Name of Employer Occupation
 Allstate Insurance Company VP-ENC-Strategy & Project

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550303

Amount of Each Receipt this Period
 26.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.65

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

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

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

FOR LINE NUMBER: PAGE 45 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. LAURA DUNNE
 Mailing Address 1860 Admiral Court
 City State Zip Code
 GLENVIEW IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-ENC-Strategy & Project
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 389.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594348
 Amount of Each Receipt this Period
 26.31

Full Name (Last, First, Middle Initial)
B. DOUGLAS P DUPONT
 Mailing Address 12 ESSEX LANE
 City State Zip Code
 LINCOLNSHIRE IL 60069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company MD-INV-Portfolio Manageme
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 411.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550355
 Amount of Each Receipt this Period
 29.38

Full Name (Last, First, Middle Initial)
C. DOUGLAS P DUPONT
 Mailing Address 12 ESSEX LANE
 City State Zip Code
 LINCOLNSHIRE IL 60069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company MD-INV-Portfolio Manageme
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594399
 Amount of Each Receipt this Period
 29.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.07
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JEFFREY P DWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 CHAMPLAIN COURT
 City MANAHAWKIN State NJ Zip Code 08050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Market Claim Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550163
 Amount of Each Receipt this Period
 16.21

B. JEFFREY P DWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 CHAMPLAIN COURT
 City MANAHAWKIN State NJ Zip Code 08050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Market Claim Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594209
 Amount of Each Receipt this Period
 16.21

C. Thomas V Ealy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1541 West Wolfram Street
 City Chicago State IL Zip Code 60657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-ENC-President Encompa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1161.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550435
 Amount of Each Receipt this Period
 82.99

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1541 West Wolfram Street

City Chicago State IL Zip Code 60657

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

Name of Employer Allstate Insurance Company Occupation SVP-ENC-President Encompa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1244.85**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594479

Amount of Each Receipt this Period
82.99

Full Name (Last, First, Middle Initial)
B. ROBERT N EMMICH

Mailing Address 108 SADDLE CREEK COVE

City CANTON State MS Zip Code 39046

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **263.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550411

Amount of Each Receipt this Period
18.95

Full Name (Last, First, Middle Initial)
C. ROBERT N EMMICH

Mailing Address 108 SADDLE CREEK COVE

City CANTON State MS Zip Code 39046

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **282.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594455

Amount of Each Receipt this Period
18.95

SUBTOTAL of Receipts This Page (optional).....▶	120.89
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 48 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. KATHLEEN N ENRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10323 TRUMBULL AVE
 City State Zip Code
 CHICAGO IL 60655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-FSS-Accounting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 749.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550324
 Amount of Each Receipt this Period
 53.85

B. KATHLEEN N ENRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10323 TRUMBULL AVE
 City State Zip Code
 CHICAGO IL 60655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-FSS-Accounting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 803.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594368
 Amount of Each Receipt this Period
 53.85

C. MICHAEL L ESCOBAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 BALMORAL LANE
 City State Zip Code
 INVERNESS IL 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-HR-Diversity & Org. Ef
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 818.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550167
 Amount of Each Receipt this Period
 58.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.55
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 189
	<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. MICHAEL L ESCOBAR
Full Name (Last, First, Middle Initial)
Mailing Address 660 BALMORAL LANE
City INVERNESS State IL Zip Code 60067
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation VP-HR-Diversity & Org. Ef
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **877.53**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594213
Amount of Each Receipt this Period **58.85**

B. CAROLYN A FILIPOVIC
Full Name (Last, First, Middle Initial)
Mailing Address 918 JUNIPER ROAD
City GLENVIEW State IL Zip Code 60025
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Ethics Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **448.25**

Date of Receipt **07 / 11 / 2014**
Transaction ID : A2014-1550348
Amount of Each Receipt this Period **32.32**

C. CAROLYN A FILIPOVIC
Full Name (Last, First, Middle Initial)
Mailing Address 918 JUNIPER ROAD
City GLENVIEW State IL Zip Code 60025
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Ethics Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **480.57**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594392
Amount of Each Receipt this Period **32.32**

SUBTOTAL of Receipts This Page (optional)..... **123.49**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 50 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
 ANTIOCH IL 60002

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

Name of Employer Occupation
 Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 395.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550194

Amount of Each Receipt this Period
 28.46

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
 ANTIOCH IL 60002

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

Name of Employer Occupation
 Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 424.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594240

Amount of Each Receipt this Period
 28.46

Full Name (Last, First, Middle Initial)
C. LISA J FLANARY

Mailing Address 1007 Harris Road

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company VP-AF-Customer Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 561.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550357

Amount of Each Receipt this Period
 40.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. LISA J FLANARY
Full Name (Last, First, Middle Initial)

Mailing Address 1007 Harris Road

City GRAYSLAKE State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation VP-AF-Customer Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **602.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594401

Amount of Each Receipt this Period
40.39

B. ANGELA K FONTANA
Full Name (Last, First, Middle Initial)

Mailing Address 1280 WILD ROSE LANE

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation VP-LGL-Allstate Financial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **753.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550384

Amount of Each Receipt this Period
54.33

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

Mailing Address 1280 WILD ROSE LANE

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation VP-LGL-Allstate Financial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **808.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594428

Amount of Each Receipt this Period
54.33

SUBTOTAL of Receipts This Page (optional).....▶	149.05
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2216 BARRETT DR

City State Zip Code
ALGONQUIN IL 60102

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

Name of Employer Occupation
Allstate Insurance Company ATO-Six Sigma-Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
488.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550282

Amount of Each Receipt this Period
35.54

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

Mailing Address 2216 BARRETT DR

City State Zip Code
ALGONQUIN IL 60102

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

Name of Employer Occupation
Allstate Insurance Company ATO-Six Sigma-Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594327

Amount of Each Receipt this Period
35.54

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

Mailing Address 29 Tullach Place

City State Zip Code
Stonebrae CA 94542

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
596.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550202

Amount of Each Receipt this Period
43.28

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.36

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 189
	<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. ANGELA M Fusco

Mailing Address 29 Tullach Place

City State Zip Code
Stonebrae CA 94542

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
639.93

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594248

Amount of Each Receipt this Period
43.28

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.53

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550165

Amount of Each Receipt this Period
28.50

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.03

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594211

Amount of Each Receipt this Period
28.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.28

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

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

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

FOR LINE NUMBER: PAGE 54 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ANNA M GALL
 Mailing Address 1667 FLAGSTONE DRIVE
 City State Zip Code
 CRYSTAL LAKE IL 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AB2B-Leader-Sr Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 246.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550247
 Amount of Each Receipt this Period
 17.75

Full Name (Last, First, Middle Initial)
B. ANNA M GALL
 Mailing Address 1667 FLAGSTONE DRIVE
 City State Zip Code
 CRYSTAL LAKE IL 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AB2B-Leader-Sr Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 264.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594292
 Amount of Each Receipt this Period
 17.75

Full Name (Last, First, Middle Initial)
C. MARY C GARDNER
 Mailing Address 4506 DEER TRAIL
 City State Zip Code
 NORTHBROOK IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Privacy Sr. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594244
 Amount of Each Receipt this Period
 13.74

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. NICK GEORGAKOPOULOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 N Mitchell Ave
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550287
 Amount of Each Receipt this Period
 40.77

B. NICK GEORGAKOPOULOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 N Mitchell Ave
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 603.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594332
 Amount of Each Receipt this Period
 40.77

C. BONNIE S GILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 EDGEFIELD LANE
 City State Zip Code
 HOFFMAN ESTATES IL 60169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Product Vice Presi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 472.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550386
 Amount of Each Receipt this Period
 34.03

SUBTOTAL of Receipts This Page (optional).....▶	115.57
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 189
	<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. BONNIE S GILL
Full Name (Last, First, Middle Initial)

Mailing Address 1570 EDGEFIELD LANE

City HOFFMAN ESTATES State IL Zip Code 60169

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **506.72**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594430

Amount of Each Receipt this Period
34.03

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

Mailing Address 656 S BUCKINGHAM CT

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation Director Litigation Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.26**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550168

Amount of Each Receipt this Period
46.08

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

Mailing Address 656 S BUCKINGHAM CT

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation Director Litigation Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **686.34**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594214

Amount of Each Receipt this Period
46.08

SUBTOTAL of Receipts This Page (optional)..... **126.19**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550169

Amount of Each Receipt this Period
23.02

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

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.27**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594215

Amount of Each Receipt this Period
23.02

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

Mailing Address 10 MULBERRY LN

City HAWTHORN WOODS State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550256

Amount of Each Receipt this Period
22.27

SUBTOTAL of Receipts This Page (optional)..... **68.31**

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

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

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

FOR LINE NUMBER: PAGE 58 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 10 MULBERRY LN

City State Zip Code
 HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594301

Amount of Each Receipt this Period
 22.27

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
 ARLINGTON HTS IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 508.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550408

Amount of Each Receipt this Period
 36.57

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
 ARLINGTON HTS IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 545.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594452

Amount of Each Receipt this Period
 36.57

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.41

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

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

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

FOR LINE NUMBER: PAGE 59 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 801 N. Vail Avenue

City State Zip Code
 Arlington Heights IL 60004

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 741.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550226

Amount of Each Receipt this Period
 53.80

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

Mailing Address 801 N. Vail Avenue

City State Zip Code
 Arlington Heights IL 60004

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 795.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594272

Amount of Each Receipt this Period
 53.80

Full Name (Last, First, Middle Initial)
C. KELLIE H GREEN

Mailing Address 150 Meadowlark Circle

City State Zip Code
 Lindenhurst IL 60046

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

Name of Employer Occupation
 Allstate Insurance Company CE-Director Agency Suppor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550213

Amount of Each Receipt this Period
 19.95

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.55

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

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

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

FOR LINE NUMBER: PAGE 60 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. KELLIE H GREEN

Mailing Address 150 Meadowlark Circle

City Lindenhurst State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation CE-Director Agency Suppor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.38**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594259

Amount of Each Receipt this Period
19.95

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

Mailing Address 1711 Wildwood Ct

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation SVP-EB-President Ivantage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.33**

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550428

Amount of Each Receipt this Period
65.72

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

Mailing Address 1711 Wildwood Ct

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation SVP-EB-President Ivantage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **939.05**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594472

Amount of Each Receipt this Period
65.72

SUBTOTAL of Receipts This Page (optional)..... ► **151.39**

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

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

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

FOR LINE NUMBER: PAGE 61 OF 189
(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. JUDITH P GREFFIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 North Kenilworth
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation EVP-INV-Chief Investment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550235
 Amount of Each Receipt this Period
 77.31

B. JUDITH P GREFFIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 North Kenilworth
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation EVP-INV-Chief Investment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1144.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594281
 Amount of Each Receipt this Period
 77.31

C. M'BA G GREGOIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Linden Road
 City Lake Zurich State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Director Litigation Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550410
 Amount of Each Receipt this Period
 19.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.01
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. M'BA G GREGOIRE

Mailing Address 35 Linden Road

City State Zip Code
 Lake Zurich IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company Director Litigation Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 292.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594454

Amount of Each Receipt this Period
 23.32

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

Mailing Address 170 ASPINWALL STREET

City State Zip Code
 WESTBURY NY 11590

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

Name of Employer Occupation
 Allstate Insurance Company Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 244.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550181

Amount of Each Receipt this Period
 19.01

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

Mailing Address 170 ASPINWALL STREET

City State Zip Code
 WESTBURY NY 11590

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

Name of Employer Occupation
 Allstate Insurance Company Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 263.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594227

Amount of Each Receipt this Period
 19.01

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Gerard T GROUZARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 943 W CAROLYN DR
 City PALATINE State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Leader-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550254
 Amount of Each Receipt this Period
 16.75

B. Gerard T GROUZARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 943 W CAROLYN DR
 City PALATINE State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Leader-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594299
 Amount of Each Receipt this Period
 16.75

C. GREGORY J GUIDOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6130 St. Andrews Ct.
 City Ponte Vedra Beach State FL Zip Code 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-AF-President Allstate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550347
 Amount of Each Receipt this Period
 33.70

SUBTOTAL of Receipts This Page (optional).....▶	67.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 189
<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. GREGORY J GUIDOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6130 St. Andrews Ct.
 City State Zip Code
 Ponte Vedra Beach FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-AF-President Allstate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594391
 Amount of Each Receipt this Period
 33.70

B. Sanjay Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1971 Farnsworth Ln
 City State Zip Code
 Northbrook IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 889.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550446
 Amount of Each Receipt this Period
 64.15

C. Sanjay Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1971 Farnsworth Ln
 City State Zip Code
 Northbrook IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 953.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594490
 Amount of Each Receipt this Period
 64.15

SUBTOTAL of Receipts This Page (optional).....▶	162.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 65 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
 CRYSTAL LAKE IL 60012

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

Name of Employer Occupation
 Allstate Insurance Company HR-Payroll & Relocation-S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 253.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550323

Amount of Each Receipt this Period
 18.20

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
 CRYSTAL LAKE IL 60012

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

Name of Employer Occupation
 Allstate Insurance Company HR-Payroll & Relocation-S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 272.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594367

Amount of Each Receipt this Period
 18.20

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

Mailing Address 840 ALLEGHANY

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 579.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550391

Amount of Each Receipt this Period
 41.78

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.18

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 66 OF 189
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 840 ALLEGHANY

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 621.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594435

Amount of Each Receipt this Period
 41.78

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

Mailing Address 41 Lancaster Lane

City State Zip Code
 Lincolnshire IL 60069

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 931.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550430

Amount of Each Receipt this Period
 67.20

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

Mailing Address 41 Lancaster Lane

City State Zip Code
 Lincolnshire IL 60069

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 999.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594474

Amount of Each Receipt this Period
 67.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.18

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

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

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

FOR LINE NUMBER: PAGE 67 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 4136 Three Lakes Drive

City State Zip Code
 Long Grove IL 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 874.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550442

Amount of Each Receipt this Period
 62.35

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

Mailing Address 4136 Three Lakes Drive

City State Zip Code
 Long Grove IL 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 939.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594486

Amount of Each Receipt this Period
 64.62

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

Mailing Address 1431 W. Walton

City State Zip Code
 Chicago IL 60622

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

Name of Employer Occupation
 Allstate Insurance Company Field Administration Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550424

Amount of Each Receipt this Period
 18.17

SUBTOTAL of Receipts This Page (optional)..... ▶ **145.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 189
	<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. Jacqueline J Hart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1431 W. Walton
 City Chicago State IL Zip Code 60622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Administration Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594468
 Amount of Each Receipt this Period
 18.17

B. James A Haskins
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 Oak Knoll Road
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Regional Presiden
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594487
 Amount of Each Receipt this Period
 100.38

C. KEITH A HAUSCHILDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Players Club Villas Rd
 City Ponte Vedra State FL Zip Code 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-AF-Ops & Technology AI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550232
 Amount of Each Receipt this Period
 39.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.97
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 69 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. KEITH A HAUSCHILDT

Mailing Address 25 Players Club Villas Rd

City State Zip Code
 Ponte Vedra FL 32082

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

Name of Employer Occupation
 Allstate Insurance Company VP-AF-Ops & Technology AI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 538.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594278

Amount of Each Receipt this Period
 39.42

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

Mailing Address 2557 Kane Lane

City State Zip Code
 Batavia IL 60510

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

Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550447

Amount of Each Receipt this Period
 46.15

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

Mailing Address 2557 Kane Lane

City State Zip Code
 Batavia IL 60510

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

Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 507.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594491

Amount of Each Receipt this Period
 46.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 131.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 189
	<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 R HEALY

Mailing Address 7452 BERKELEY CIRCLE

City State Zip Code
CASTLE ROCK CO 80108

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

Name of Employer Occupation
Allstate Insurance Company Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.43

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550187

Amount of Each Receipt this Period
17.30

Full Name (Last, First, Middle Initial)
B. JEFFREY R HEALY

Mailing Address 7452 BERKELEY CIRCLE

City State Zip Code
CASTLE ROCK CO 80108

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

Name of Employer Occupation
Allstate Insurance Company Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.73

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594233

Amount of Each Receipt this Period
17.30

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

Mailing Address 1314 Rose St. NE

City State Zip Code
Olympia WA 98506

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

Name of Employer Occupation
Allstate Insurance Company Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.07

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550448

Amount of Each Receipt this Period
33.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 189
	<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. Jon E Hedegard
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Rose St. NE

City Olympia State WA Zip Code 98506

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

Name of Employer Allstate Insurance Company Occupation Senior Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **332.30**

Date of Receipt **07 / 25 / 2014**

Transaction ID : A2014-1594492

Amount of Each Receipt this Period **33.23**

B. JASON J HEIGER
Full Name (Last, First, Middle Initial)

Mailing Address 990 INDIAN SPRING LANE

City BUFFALO GROVE State IL Zip Code 60089

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

Name of Employer Allstate Insurance Company Occupation Audit Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **238.59**

Date of Receipt **07 / 11 / 2014**

Transaction ID : A2014-1550160

Amount of Each Receipt this Period **17.19**

C. JASON J HEIGER
Full Name (Last, First, Middle Initial)

Mailing Address 990 INDIAN SPRING LANE

City BUFFALO GROVE State IL Zip Code 60089

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

Name of Employer Allstate Insurance Company Occupation Audit Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.78**

Date of Receipt **07 / 25 / 2014**

Transaction ID : A2014-1594206

Amount of Each Receipt this Period **17.19**

SUBTOTAL of Receipts This Page (optional)..... **67.61**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 189
	<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. EYVONNA HEMPHILL
Full Name (Last, First, Middle Initial)
Mailing Address 337 46TH AVE

City BELLWOOD	State IL	Zip Code 60104
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AB2B ABI-Qual & Compl-Sr
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550262

Amount of Each Receipt this Period
17.53

B. EYVONNA HEMPHILL
Full Name (Last, First, Middle Initial)
Mailing Address 337 46TH AVE

City BELLWOOD	State IL	Zip Code 60104
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation AB2B ABI-Qual & Compl-Sr
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594307

Amount of Each Receipt this Period
17.53

C. Barbara A Higgins
Full Name (Last, First, Middle Initial)
Mailing Address 2107 N Lakewood Ave

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

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

Name of Employer Allstate Insurance Company	Occupation SVP-PC-Customer Retention
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550444

Amount of Each Receipt this Period
37.85

SUBTOTAL of Receipts This Page (optional).....▶	72.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 189
	<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. Barbara A Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 N Lakewood Ave
 City Chicago State IL Zip Code 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-PC-Customer Retention
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 563.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594488
 Amount of Each Receipt this Period
 37.85

B. EDDIE H HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 8390 Burnt Chimney Road
 City Wirtz State VA Zip Code 24184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Leader-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550209
 Amount of Each Receipt this Period
 17.03

C. EDDIE H HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 8390 Burnt Chimney Road
 City Wirtz State VA Zip Code 24184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Leader-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 254.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594255
 Amount of Each Receipt this Period
 17.03

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.91
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 189
	<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 G HILL

Mailing Address 2935 GLENARYE DRIVE

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation EVP-PRD-Regional Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1908.27**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550214

Amount of Each Receipt this Period
137.69

Full Name (Last, First, Middle Initial)
B. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation EVP-PRD-Regional Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2045.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594260

Amount of Each Receipt this Period
137.69

Full Name (Last, First, Middle Initial)
C. SHERYL L HODGES

Mailing Address 2510 OAK AVENUE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550291

Amount of Each Receipt this Period
15.51

SUBTOTAL of Receipts This Page (optional)..... **290.89**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 189
	<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. SHERYL L HODGES
Full Name (Last, First, Middle Initial)

Mailing Address 2510 OAK AVENUE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594336

Amount of Each Receipt this Period
 15.51

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

Mailing Address 1532 NORTH BELMONT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation HR-Communications-Directo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550365

Amount of Each Receipt this Period
 20.90

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

Mailing Address 1532 NORTH BELMONT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation HR-Communications-Directo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594409

Amount of Each Receipt this Period
 20.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.31

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

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

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

FOR LINE NUMBER: PAGE 76 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MICHAEL S HURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 N. BURGANDY TRAIL
 City JACKSONVILLE State FL Zip Code 32259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Administration Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550205
 Amount of Each Receipt this Period
 22.79

B. MICHAEL S HURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 N. BURGANDY TRAIL
 City JACKSONVILLE State FL Zip Code 32259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Administration Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594251
 Amount of Each Receipt this Period
 22.79

C. STEPHEN L IHM
 Full Name (Last, First, Middle Initial)
 Mailing Address 21558 W GOLDFINCH CT
 City KILDEER State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Corporate Law
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550288
 Amount of Each Receipt this Period
 57.51

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.09
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 189
	<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. STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
744.81

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594333

Amount of Each Receipt this Period
57.51

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

Mailing Address 10825 CHUCER DRIVE

City State Zip Code
WILLOW SPRINGS IL 60480

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

Name of Employer Occupation
Allstate Insurance Company Vice PresidentCapital PI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
686.54

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550276

Amount of Each Receipt this Period
49.80

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

Mailing Address 10825 CHUCER DRIVE

City State Zip Code
WILLOW SPRINGS IL 60480

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

Name of Employer Occupation
Allstate Insurance Company Vice PresidentCapital PI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
736.34

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594321

Amount of Each Receipt this Period
49.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.11

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

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

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

FOR LINE NUMBER: PAGE 78 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
 CARY IL 60013

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

Name of Employer Occupation
 Allstate Insurance Company Product Operations Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550267

Amount of Each Receipt this Period
 32.30

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
 CARY IL 60013

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

Name of Employer Occupation
 Allstate Insurance Company Product Operations Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 483.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594312

Amount of Each Receipt this Period
 32.30

Full Name (Last, First, Middle Initial)
C. BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
 Altamonte Springs FL 32714

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

Name of Employer Occupation
 Allstate Insurance Company Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550395

Amount of Each Receipt this Period
 23.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. BOB A JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 226 Maison Court

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.60**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594439

Amount of Each Receipt this Period
23.85

B. CRAIG A JAMES
Full Name (Last, First, Middle Initial)

Mailing Address 235 HEATHER AVE

City GRAYSLAKE State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation ATO-Six Sigma-Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **213.21**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594383

Amount of Each Receipt this Period
14.34

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

Mailing Address 24160 North Beach Dr

City Cary State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation SPS-Strategic Alliance-Di

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **568.57**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550252

Amount of Each Receipt this Period
40.94

SUBTOTAL of Receipts This Page (optional)..... **79.13**

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

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

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

FOR LINE NUMBER: PAGE 80 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 24160 North Beach Dr

City State Zip Code
 Cary IL 60013

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

Name of Employer Occupation
 Allstate Insurance Company SPS-Strategic Alliance-Di

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **609.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594297

Amount of Each Receipt this Period
40.94

Full Name (Last, First, Middle Initial)
B. Jerry A Johnson

Mailing Address 5233 Tree Way Lane South

City State Zip Code
 Jacksonville FL 32258

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

Name of Employer Occupation
 Allstate Insurance Company AWD-Manager-Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **244.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550440

Amount of Each Receipt this Period
17.74

Full Name (Last, First, Middle Initial)
C. Jerry A Johnson

Mailing Address 5233 Tree Way Lane South

City State Zip Code
 Jacksonville FL 32258

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

Name of Employer Occupation
 Allstate Insurance Company AWD-Manager-Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.27**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594484

Amount of Each Receipt this Period
17.74

SUBTOTAL of Receipts This Page (optional)..... ▶ **76.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 189
	<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. JAMES W JONSKE
Full Name (Last, First, Middle Initial)

Mailing Address 1217 BARCLAY CIRCLE

City BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation VP-PRD-Standard Auto

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.59**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550352

Amount of Each Receipt this Period
18.44

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

Mailing Address 1217 BARCLAY CIRCLE

City BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation VP-PRD-Standard Auto

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594396

Amount of Each Receipt this Period
18.44

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

Mailing Address 2180 Trailblazer Way

City Castle Rock State CO Zip Code 80109

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **348.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550172

Amount of Each Receipt this Period
25.23

SUBTOTAL of Receipts This Page (optional).....▶	62.11
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 82 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2180 Trailblazer Way

City State Zip Code
 Castle Rock CO 80109

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

Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594218

Amount of Each Receipt this Period
25.23

Full Name (Last, First, Middle Initial)
B. TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Information Risk Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **254.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550359

Amount of Each Receipt this Period
18.30

Full Name (Last, First, Middle Initial)
C. TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
 GRAYSLAKE IL 60030

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Information Risk Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **272.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594403

Amount of Each Receipt this Period
18.30

SUBTOTAL of Receipts This Page (optional)..... ▶ **61.83**

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

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

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

FOR LINE NUMBER: PAGE 83 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. Wilford J Kavanaugh
 Mailing Address 7 Open Parkway North
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 803.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550437
 Amount of Each Receipt this Period
 58.08

Full Name (Last, First, Middle Initial)
B. Wilford J Kavanaugh
 Mailing Address 7 Open Parkway North
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 861.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594481
 Amount of Each Receipt this Period
 58.08

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER R KIAH
 Mailing Address 221 BRAMPTON LN
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ST-Protection Program
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 801.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550158
 Amount of Each Receipt this Period
 57.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.75
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 189
(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. CHRISTOPHER R KIAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 BRAMPTON LN
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-ST-Protection Program
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594204
 Amount of Each Receipt this Period
 57.59

B. CURTIS L KIBLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 BAY MEADOWS DR
 City State Zip Code
 BARTLETT IL 60103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 623.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550253
 Amount of Each Receipt this Period
 44.98

C. CURTIS L KIBLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 BAY MEADOWS DR
 City State Zip Code
 BARTLETT IL 60103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 668.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594298
 Amount of Each Receipt this Period
 44.98

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.55
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 85 OF 189
(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. BARBARA L KILROY
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 Robincrest Lane
 City Lindenhurst State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PF-Fin Analysis-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550207
 Amount of Each Receipt this Period
 21.62

B. BARBARA L KILROY
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 Robincrest Lane
 City Lindenhurst State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PF-Fin Analysis-Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594253
 Amount of Each Receipt this Period
 21.62

C. ANNE I KIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1580 SHERMAN AVE # 201
 City EVANSTON State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550335
 Amount of Each Receipt this Period
 22.05

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.29
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 86 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City State Zip Code
EVANSTON IL 60201

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

Name of Employer Occupation
Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594379

Amount of Each Receipt this Period
 22.05

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

Mailing Address 1620 Monterey

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550426

Amount of Each Receipt this Period
 30.92

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

Mailing Address 1620 Monterey

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594470

Amount of Each Receipt this Period
 30.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.89

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 189
	<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. Brian D Klemstein		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550423
Mailing Address 608 Haddon Circle		Amount of Each Receipt this Period 16.13
City Vernon Hills	State IL	Zip Code 60061
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 ▼ 223.71	

Full Name (Last, First, Middle Initial) B. Brian D Klemstein		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : A2014-1594467
Mailing Address 608 Haddon Circle		Amount of Each Receipt this Period 16.13
City Vernon Hills	State IL	Zip Code 60061
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 ▼ 239.84	

Full Name (Last, First, Middle Initial) C. STEVEN T KLODZINSKI		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : A2014-1594346
Mailing Address 18699 W. State Line Road		Amount of Each Receipt this Period 13.88
City Antioch	State IL	Zip Code 60002
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company	Occupation PF-Fin Analysis-Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.71	

SUBTOTAL of Receipts This Page (optional).....▶	46.14
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 132 FARMSTEAD CIRCLE

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

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550199

Amount of Each Receipt this Period
22.92

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

Mailing Address 132 FARMSTEAD CIRCLE

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

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594245

Amount of Each Receipt this Period
22.92

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

Mailing Address 2050 GLENDALE AVE

City NORTHBROOK	State IL	Zip Code 60062
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **534.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550389

Amount of Each Receipt this Period
38.51

SUBTOTAL of Receipts This Page (optional).....▶	84.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2050 GLENDALE AVE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **572.61**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594433

Amount of Each Receipt this Period
38.51

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

Mailing Address 4513 Jenna Rd

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation AFT-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **508.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550327

Amount of Each Receipt this Period
36.71

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

Mailing Address 4513 Jenna Rd

City Glenview State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation AFT-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **545.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594371

Amount of Each Receipt this Period
36.71

SUBTOTAL of Receipts This Page (optional)..... **111.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. J. Wayne W KULLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Henley St.
 City GLENVIEW State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-ST-Agency Sales Cross
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550222
 Amount of Each Receipt this Period
 24.60

B. J. Wayne W KULLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Henley St.
 City GLENVIEW State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-ST-Agency Sales Cross
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594268
 Amount of Each Receipt this Period
 24.60

C. JEFFREY F LEASENDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 RIDGECREST RD NE
 City ATLANTA State GA Zip Code 30307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Lead Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550191
 Amount of Each Receipt this Period
 15.60

SUBTOTAL of Receipts This Page (optional).....	64.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JEFFREY F LEASENDALE
Full Name (Last, First, Middle Initial)

Mailing Address 422 RIDGECREST RD NE

City ATLANTA State GA Zip Code 30307

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

Name of Employer Allstate Insurance Company Occupation Lead Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594237

Amount of Each Receipt this Period
 17.11

B. SUSAN L LEES
Full Name (Last, First, Middle Initial)

Mailing Address 1705 DARTMOUTH LN

City DEERFIELD State IL Zip Code 60015

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

Name of Employer Allstate Insurance Company Occupation EVP-LGL-Gen'l Counsel & C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550157

Amount of Each Receipt this Period
 109.62

C. SUSAN L LEES
Full Name (Last, First, Middle Initial)

Mailing Address 1705 DARTMOUTH LN

City DEERFIELD State IL Zip Code 60015

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

Name of Employer Allstate Insurance Company Occupation EVP-LGL-Gen'l Counsel & C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1610.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594203

Amount of Each Receipt this Period
 109.62

SUBTOTAL of Receipts This Page (optional).....▶	236.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 189
	<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. GARY L LEVINE
Full Name (Last, First, Middle Initial)

Mailing Address 16340 W. Arlington Drive

City Libertyville	State IL	Zip Code 60048
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Senior Attorney
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550375

Amount of Each Receipt this Period
20.09

B. GARY L LEVINE
Full Name (Last, First, Middle Initial)

Mailing Address 16340 W. Arlington Drive

City Libertyville	State IL	Zip Code 60048
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Senior Attorney
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594419

Amount of Each Receipt this Period
20.09

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

Mailing Address 20 STONEGATE POINT

City HOT SPRINGS	State AR	Zip Code 71913
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation FSL - Growth
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594418

Amount of Each Receipt this Period
13.89

SUBTOTAL of Receipts This Page (optional).....▶	54.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Peter G Logothesis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2326 Indian Ridge Drive
 City State Zip Code
 Glenview IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-ATO-Bus Prtn-Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 876.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550438
 Amount of Each Receipt this Period
 63.04

B. Peter G Logothesis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2326 Indian Ridge Drive
 City State Zip Code
 Glenview IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-ATO-Bus Prtn-Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 940.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594482
 Amount of Each Receipt this Period
 63.04

C. RHONDA J LOWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Catocin Court Unit 3A
 City State Zip Code
 Frederick MD 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Market Claim Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 216.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550340
 Amount of Each Receipt this Period
 15.67

SUBTOTAL of Receipts This Page (optional).....▶	141.75
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
 SCHAUMBURG IL 60193

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

Name of Employer Occupation
 Allstate Insurance Company Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 318.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550300

Amount of Each Receipt this Period
 22.93

Full Name (Last, First, Middle Initial)
B. COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
 SCHAUMBURG IL 60193

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

Name of Employer Occupation
 Allstate Insurance Company Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 341.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594345

Amount of Each Receipt this Period
 22.93

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

Mailing Address 9655 Woods Drive Unit 708

City State Zip Code
 Skokie IL 60077

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

Name of Employer Occupation
 Allstate Insurance Company Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 495.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550317

Amount of Each Receipt this Period
 35.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.55

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

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

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

FOR LINE NUMBER: PAGE 96 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. BENJAMIN E LUMICAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9655 Woods Drive Unit 708
 City Skokie State IL Zip Code 60077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 531.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594361
 Amount of Each Receipt this Period
 35.69

B. Katherine A Mabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2750 Commons Drive
 City Glenview State IL Zip Code 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PRES-B2B-Business to Busi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1566.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550436
 Amount of Each Receipt this Period
 111.92

C. Katherine A Mabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2750 Commons Drive
 City Glenview State IL Zip Code 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation PRES-B2B-Business to Busi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1678.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594480
 Amount of Each Receipt this Period
 111.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.53
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 97 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DANIEL J MACDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2250 RIDGETRAIL DR
 City State Zip Code
 CASTLE ROCK CO 80104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company FSL - Growth
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 318.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550364
 Amount of Each Receipt this Period
 22.90

B. DANIEL J MACDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2250 RIDGETRAIL DR
 City State Zip Code
 CASTLE ROCK CO 80104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company FSL - Growth
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 341.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594408
 Amount of Each Receipt this Period
 22.90

C. KENNETH P MARCOTTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 HAVERTON DR
 City State Zip Code
 MUNDELEIN IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-FSS-Accounting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 338.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550261
 Amount of Each Receipt this Period
 24.48

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

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

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FOR LINE NUMBER: PAGE 98 OF 189
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. KENNETH P MARCOTTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 HAVERTON DR
 City State Zip Code
 MUNDELEIN IL 60060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-FSS-Accounting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594306
 Amount of Each Receipt this Period
 24.48

B. Rhonda J Masser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Wildwood Dr
 City State Zip Code
 McHenry IL 60051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company HR-Client Partnership-Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 287.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550242
 Amount of Each Receipt this Period
 20.69

C. Rhonda J Masser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Wildwood Dr
 City State Zip Code
 McHenry IL 60051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company HR-Client Partnership-Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594287
 Amount of Each Receipt this Period
 20.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.86
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 99 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JOHN R MATHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 E NORTH AVENUE
 City State Zip Code
 LAKE BLUFF IL 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 318.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550318
 Amount of Each Receipt this Period
 22.87

B. JOHN R MATHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 E NORTH AVENUE
 City State Zip Code
 LAKE BLUFF IL 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 341.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594362
 Amount of Each Receipt this Period
 22.87

C. JOHN A MC LAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25748 N. Stoney Kirk Ct.
 City State Zip Code
 Hawthorn Woods IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 594.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550274
 Amount of Each Receipt this Period
 42.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 25748 N. Stoney Kirk Ct.

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **637.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594319

Amount of Each Receipt this Period
42.59

B. LINDA H MCCLELLAN
Full Name (Last, First, Middle Initial)

Mailing Address 5561 Hilltop Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550378

Amount of Each Receipt this Period
16.36

C. LINDA H MCCLELLAN
Full Name (Last, First, Middle Initial)

Mailing Address 5561 Hilltop Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594422

Amount of Each Receipt this Period
16.36

SUBTOTAL of Receipts This Page (optional)..... **75.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 189
	<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. SCOTT A MCCONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 21722 N TIMBER RIDGE CT

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

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

Name of Employer Allstate Insurance Company	Occupation INV-IT Capital Markets-Di
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.44**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550240

Amount of Each Receipt this Period

20.51

B. SCOTT A MCCONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 21722 N TIMBER RIDGE CT

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

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

Name of Employer Allstate Insurance Company	Occupation INV-IT Capital Markets-Di
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.95**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594285

Amount of Each Receipt this Period

20.51

C. LEE L McElroy
Full Name (Last, First, Middle Initial)

Mailing Address 7808 ROYAL SYDNEY DR

City GAINESVILLE	State VA	Zip Code 20155
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Regional Financial Sales
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.67**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550405

Amount of Each Receipt this Period

18.05

SUBTOTAL of Receipts This Page (optional).....▶	59.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 189
	<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. LEE L McElroy

Mailing Address 7808 ROYAL SYDNEY DR

City State Zip Code
GAINESVILLE VA 20155

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

Name of Employer Occupation
Allstate Insurance Company Regional Financial Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.72

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594449

Amount of Each Receipt this Period
80.05

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company SVP-CLM-Centralized Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
452.87

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550400

Amount of Each Receipt this Period
32.65

Full Name (Last, First, Middle Initial)
C. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company SVP-CLM-Centralized Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
485.52

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594444

Amount of Each Receipt this Period
32.65

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. EVA M MCINTEE
Full Name (Last, First, Middle Initial)
Mailing Address 11 Larkspur Drive

City Smithtown	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-SAL-Field Vice Preside
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **644.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550398

Amount of Each Receipt this Period

46.35

B. EVA M MCINTEE
Full Name (Last, First, Middle Initial)
Mailing Address 11 Larkspur Drive

City Smithtown	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-SAL-Field Vice Preside
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594442

Amount of Each Receipt this Period

46.35

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

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-PF-Strategy & Plannin
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.29**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550230

Amount of Each Receipt this Period

29.05

SUBTOTAL of Receipts This Page (optional).....▶	121.75
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 104 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 83 Arcadia Lane

City State Zip Code
 LAKE ZURICH IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company SVP-PF-Strategy & Plannin

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 431.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594276

Amount of Each Receipt this Period
 29.05

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

Mailing Address 3311 Brook Rd.

City State Zip Code
 Highland Park IL 60035

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

Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Finance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 961.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550439

Amount of Each Receipt this Period
 69.78

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

Mailing Address 3311 Brook Rd.

City State Zip Code
 Highland Park IL 60035

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

Name of Employer Occupation
 Allstate Insurance Company SVP-AF-Finance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1031.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594483

Amount of Each Receipt this Period
 69.78

SUBTOTAL of Receipts This Page (optional)..... ▶ **168.61**

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

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

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

FOR LINE NUMBER: PAGE 105 OF 189
(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. HANS H METZINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 E. CLAIRE LANE
 City State Zip Code
 PROSPECT HTS IL 60070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sales Support Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 246.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550294
 Amount of Each Receipt this Period
 19.16

B. HANS H METZINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 E. CLAIRE LANE
 City State Zip Code
 PROSPECT HTS IL 60070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Sales Support Leader
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 265.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594339
 Amount of Each Receipt this Period
 19.16

C. JOHN W MICHELI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2245 Hazeltine Drive
 City State Zip Code
 Vernon Hills IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-FSS-Cost Structure Ma
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 214.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550175
 Amount of Each Receipt this Period
 21.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.81
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 OF 189
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2245 Hazeltine Drive

City State Zip Code
Vernon Hills IL 60061

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

Name of Employer Occupation
Allstate Insurance Company SVP-FSS-Cost Structure Ma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.08

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594221

Amount of Each Receipt this Period
21.49

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

Mailing Address 16343 Smith Mountain Lake Parkway

City State Zip Code
Huddleston VA 24104

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

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
447.29

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550239

Amount of Each Receipt this Period
34.77

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

Mailing Address 16343 Smith Mountain Lake Parkway

City State Zip Code
Huddleston VA 24104

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

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
482.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594284

Amount of Each Receipt this Period
34.77

SUBTOTAL of Receipts This Page (optional).....▶	91.03
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 436 N. Harrison St

City State Zip Code
 ALGONQUIN IL 60102

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

Name of Employer Occupation
 Allstate Insurance Company VP-AF-Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **351.19**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550343

Amount of Each Receipt this Period
25.40

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

Mailing Address 436 N. Harrison St

City State Zip Code
 ALGONQUIN IL 60102

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

Name of Employer Occupation
 Allstate Insurance Company VP-AF-Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **376.59**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594387

Amount of Each Receipt this Period
25.40

Full Name (Last, First, Middle Initial)
C. AMY B MILLS

Mailing Address 942 Forest Avenue

City State Zip Code
 Deerfield IL 60015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **307.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550415

Amount of Each Receipt this Period
22.21

SUBTOTAL of Receipts This Page (optional)..... ▶ **73.01**

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. AMY B MILLS
 Mailing Address 942 Forest Avenue
 City State Zip Code
 Deerfield IL 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-HR-HR Business Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 329.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594459
 Amount of Each Receipt this Period
 22.21

Full Name (Last, First, Middle Initial)
B. ALLISON MISQUEZ
 Mailing Address 578 Patriot Court
 City State Zip Code
 Gurnee IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 207.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550404
 Amount of Each Receipt this Period
 14.91

Full Name (Last, First, Middle Initial)
C. ALLISON MISQUEZ
 Mailing Address 578 Patriot Court
 City State Zip Code
 Gurnee IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 222.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594448
 Amount of Each Receipt this Period
 14.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.03
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 109 OF 189
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JAMES R MOSELEY III III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 Montclair Blvd
 City State Zip Code
 Brentwood TN 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company HR-Client Partner Field B
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 237.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550219
 Amount of Each Receipt this Period
 17.16

B. JAMES R MOSELEY III III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 Montclair Blvd
 City State Zip Code
 Brentwood TN 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company HR-Client Partner Field B
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 254.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594265
 Amount of Each Receipt this Period
 17.16

C. MEGHAN O MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City State Zip Code
 NORTHBROOK IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company State Filings Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550210
 Amount of Each Receipt this Period
 40.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.77
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 110 OF 189
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MEGHAN O MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation State Filings Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 601.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594256
 Amount of Each Receipt this Period
 40.45

B. MICHAEL F MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 622.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550258
 Amount of Each Receipt this Period
 44.87

C. MICHAEL F MULVIHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 CHERRY LANE
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 667.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594303
 Amount of Each Receipt this Period
 44.87

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.19
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 111 OF 189
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1908 N. Silver Lake Road

City State Zip Code
 Arlington Heights IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 593.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550381

Amount of Each Receipt this Period
 42.62

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

Mailing Address 1908 N. Silver Lake Road

City State Zip Code
 Arlington Heights IL 60004

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 636.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594425

Amount of Each Receipt this Period
 42.62

Full Name (Last, First, Middle Initial)
C. DON J MYKETIAK

Mailing Address 28W770 HAWTHORNE LANE

City State Zip Code
 WEST CHICAGO IL 60185

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

Name of Employer Occupation
 Allstate Insurance Company Sr. Manager Accounting/Fi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550293

Amount of Each Receipt this Period
 15.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DON J MYKETIAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 28W770 HAWTHORNE LANE
 City WEST CHICAGO State IL Zip Code 60185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sr. Manager Accounting/Fi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594338
 Amount of Each Receipt this Period
 15.60

B. DAVID G NADIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 LAKE PLACID
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-LGL-Protection Law
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 928.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550334
 Amount of Each Receipt this Period
 66.72

C. DAVID G NADIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 LAKE PLACID
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-LGL-Protection Law
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 994.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594378
 Amount of Each Receipt this Period
 66.72

SUBTOTAL of Receipts This Page (optional).....▶	149.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 189
	<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. PATRICK K NOLL
Full Name (Last, First, Middle Initial)

Mailing Address 22451 THORNBURY CT

City DEER PARK	State IL	Zip Code 60010
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-LGL-Enterprise Busine
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **884.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550383

Amount of Each Receipt this Period

64.04

B. PATRICK K NOLL
Full Name (Last, First, Middle Initial)

Mailing Address 22451 THORNBURY CT

City DEER PARK	State IL	Zip Code 60010
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-LGL-Enterprise Busine
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **948.86**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594427

Amount of Each Receipt this Period

64.04

C. RICHARD C O'BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 574 S. COUNTRY RIDGE

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.89**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550243

Amount of Each Receipt this Period

22.03

SUBTOTAL of Receipts This Page (optional).....▶	150.11
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594288

Amount of Each Receipt this Period
22.03

Full Name (Last, First, Middle Initial)
B. JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code
MOUNT PROSPECT IL 60056

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

Name of Employer Occupation
Allstate Insurance Company HR-Retirement-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550311

Amount of Each Receipt this Period
17.42

Full Name (Last, First, Middle Initial)
C. JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code
MOUNT PROSPECT IL 60056

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

Name of Employer Occupation
Allstate Insurance Company HR-Retirement-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594355

Amount of Each Receipt this Period
17.42

SUBTOTAL of Receipts This Page (optional)..... ▶ **56.87**

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

**SCHEDULE A (FEC Form 3X)
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Allstate Insurance Company FSL - Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 387.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550184

Amount of Each Receipt this Period
 27.77

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Allstate Insurance Company FSL - Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 415.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594230

Amount of Each Receipt this Period
 27.77

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

Mailing Address 1231 Isabella Street

City State Zip Code
 Evanston IL 60201

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

Name of Employer Occupation
 Allstate Insurance Company Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 219.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550260

Amount of Each Receipt this Period
 15.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.45

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

**SCHEDULE A (FEC Form 3X)
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MICHAEL C OCONNOR
 Mailing Address 1231 Isabella Street
 City State Zip Code
 Evanston IL 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Marketing Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594305
 Amount of Each Receipt this Period
 15.91

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Allstate Insurance Company VP-SAL-Field Vice Preside
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 693.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550309
 Amount of Each Receipt this Period
 49.62

Full Name (Last, First, Middle Initial)
C. KENNETH I OMURA
 Mailing Address 361 KELBURN RD. #315
 City State Zip Code
 DEERFIELD IL 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 579.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550234
 Amount of Each Receipt this Period
 41.53

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.06
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 117 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. KENNETH I OMURA

Mailing Address 361 KELBURN RD. #315

City State Zip Code
 DEERFIELD IL 60015

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 620.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594280

Amount of Each Receipt this Period
 41.53

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

Mailing Address 23475 W. Newhaven Dr.

City State Zip Code
 Hawthorn Woods IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company VP-CLM-Claims Product Lin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 706.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550228

Amount of Each Receipt this Period
 51.03

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

Mailing Address 23475 W. Newhaven Dr.

City State Zip Code
 Hawthorn Woods IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company VP-CLM-Claims Product Lin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 757.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594274

Amount of Each Receipt this Period
 51.03

SUBTOTAL of Receipts This Page (optional)..... ▶ 143.59

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 118 OF 189
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. LAURIE PELLOUCHOUD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1447 PLEASANT
 City GLENVIEW State IL Zip Code 60025
 Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550329
 Amount of Each Receipt this Period 46.28
 FEC ID number of contributing federal political committee. C
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Homeowners
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 639.91

B. LAURIE PELLOUCHOUD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1447 PLEASANT
 City GLENVIEW State IL Zip Code 60025
 Date of Receipt 07 / 25 / 2014
Transaction ID : A2014-1594373
 Amount of Each Receipt this Period 46.28
 FEC ID number of contributing federal political committee. C
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Homeowners
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 686.19

c. Opal G Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Rosalie St.
 City Evanston State IL Zip Code 60201
 Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550445
 Amount of Each Receipt this Period 47.42
 FEC ID number of contributing federal political committee. C
 Name of Employer Allstate Insurance Company Occupation VP-ATO-Testing & Release
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 655.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 139.98
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 189
	<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. Opal G Perry

Mailing Address 1406 Rosalie St.

City Evanston State IL Zip Code 60201

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

Name of Employer Allstate Insurance Company Occupation VP-ATO-Testing & Release

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **703.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594489

Amount of Each Receipt this Period
47.42

Full Name (Last, First, Middle Initial)
B. THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City NAPERVILLE State IL Zip Code 60565

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

Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550418

Amount of Each Receipt this Period
35.64

Full Name (Last, First, Middle Initial)
C. THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City NAPERVILLE State IL Zip Code 60565

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

Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **529.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594462

Amount of Each Receipt this Period
35.64

SUBTOTAL of Receipts This Page (optional).....▶	118.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company VP-PF-Property & Casualty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
502.38

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550178

Amount of Each Receipt this Period
55.82

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

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company VP-PF-Property & Casualty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
558.20

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594224

Amount of Each Receipt this Period
55.82

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

Mailing Address 2114 W Cortland ST

City State Zip Code
CHICAGO IL 60647

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

Name of Employer Occupation
Allstate Insurance Company SVP-INV-Chief Financial O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.27

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550248

Amount of Each Receipt this Period
41.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.48

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

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

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

FOR LINE NUMBER: PAGE 121 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JOHN C PINTOZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 W Cortland ST
 City State Zip Code
 CHICAGO IL 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-INV-Chief Financial O
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 622.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594293
 Amount of Each Receipt this Period
 41.84

B. DAVID J PRENDERGAST
 Full Name (Last, First, Middle Initial)
 Mailing Address 8262 Arrowleaf Turn
 City State Zip Code
 Gainesville VA 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Regional Presiden
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1157.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550173
 Amount of Each Receipt this Period
 83.08

C. DAVID J PRENDERGAST
 Full Name (Last, First, Middle Initial)
 Mailing Address 8262 Arrowleaf Turn
 City State Zip Code
 Gainesville VA 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-SAL-Regional Presiden
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1240.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594219
 Amount of Each Receipt this Period
 83.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 189
	<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. THOMAS G PURTELL
Full Name (Last, First, Middle Initial)
Mailing Address 22663 CHESHIRE COURT

City DEER PARK	State IL	Zip Code 60010
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation PF-Agent Comp-Director
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **379.33**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550331

Amount of Each Receipt this Period

27.31

B. THOMAS G PURTELL
Full Name (Last, First, Middle Initial)
Mailing Address 22663 CHESHIRE COURT

City DEER PARK	State IL	Zip Code 60010
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation PF-Agent Comp-Director
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **406.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594375

Amount of Each Receipt this Period

27.31

C. MARY J QUINN
Full Name (Last, First, Middle Initial)
Mailing Address 837 S. CHESTNUT AVENUE

City ARLINGTON HEIGH	State IL	Zip Code 60005
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **654.09**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550356

Amount of Each Receipt this Period

48.00

SUBTOTAL of Receipts This Page (optional).....▶	102.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 189
	<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. MARY J QUINN

Mailing Address **837 S. CHESTNUT AVENUE**

City **ARLINGTON HEIGH** State **IL** Zip Code **60005**

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

Name of Employer **Allstate Insurance Company** Occupation **VP-LGL-Investment Law**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.09**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594400

Amount of Each Receipt this Period
48.00

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

Mailing Address **618 Burdick St.**

City **LIBERTYVILLE** State **IL** Zip Code **60048**

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

Name of Employer **Allstate Insurance Company** Occupation **ATO-Manager-Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **586.51**

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550277

Amount of Each Receipt this Period
42.16

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

Mailing Address **618 Burdick St.**

City **LIBERTYVILLE** State **IL** Zip Code **60048**

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

Name of Employer **Allstate Insurance Company** Occupation **ATO-Manager-Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **628.67**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594322

Amount of Each Receipt this Period
42.16

SUBTOTAL of Receipts This Page (optional)..... ▶ **132.32**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 189
	<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. MARIO RIZZO
Full Name (Last, First, Middle Initial)

Mailing Address 5926 W. 90TH PLACE

City OAK LAWN State IL Zip Code 60453

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **851.41**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550279

Amount of Each Receipt this Period
61.67

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

Mailing Address 5926 W. 90TH PLACE

City OAK LAWN State IL Zip Code 60453

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **913.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594324

Amount of Each Receipt this Period
61.67

C. ROGER S ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 535 6th Street North

City St. Petersburg State FL Zip Code 33701

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

Name of Employer Allstate Insurance Company Occupation Corp Rel Regional Sr Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550223

Amount of Each Receipt this Period
26.88

SUBTOTAL of Receipts This Page (optional)..... **150.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 189
	<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. ROGER S ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 6th Street North
 City St. Petersburg State FL Zip Code 33701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corp Rel Regional Sr Man
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.44

Date of Receipt 07 / 25 / 2014
Transaction ID : A2014-1594269
 Amount of Each Receipt this Period 26.88

B. GREGORY C ROHLFING
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 ASHLAND
 City RIVER FOREST State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 632.32

Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550246
 Amount of Each Receipt this Period 45.31

C. GREGORY C ROHLFING
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 ASHLAND
 City RIVER FOREST State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 677.63

Date of Receipt 07 / 25 / 2014
Transaction ID : A2014-1594291
 Amount of Each Receipt this Period 45.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 126 OF 189
(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. ANDREW R ROMERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3151 Montrose Way
 City State Zip Code
 El Dorado Hills CA 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Financial Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 271.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550397
 Amount of Each Receipt this Period
 19.74

B. ANDREW R ROMERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3151 Montrose Way
 City State Zip Code
 El Dorado Hills CA 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Financial Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 291.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594441
 Amount of Each Receipt this Period
 19.74

C. JOHN ROSZKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3371 VENARD RD.
 City State Zip Code
 DOWNERS GROVE IL 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 607.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550308
 Amount of Each Receipt this Period
 43.97

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.45
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 3371 VENARD RD.

City DOWNERS GROVE	State IL	Zip Code 60515
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Director
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **651.94**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594353

Amount of Each Receipt this Period

43.97

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

Mailing Address 25 CRESTVIEW TERRACE

City BUFFALO GROVE	State IL	Zip Code 60089
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Manager
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550388

Amount of Each Receipt this Period

14.91

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

Mailing Address 25 CRESTVIEW TERRACE

City BUFFALO GROVE	State IL	Zip Code 60089
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Manager
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594432

Amount of Each Receipt this Period

14.91

SUBTOTAL of Receipts This Page (optional).....▶	73.79
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 128 OF 189
(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. CASSANDRA C RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 37194 N Dillon Ct
 City State Zip Code
 Lake Villa IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims Senior Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 237.78

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550371
 Amount of Each Receipt this Period
 17.19

B. CASSANDRA C RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 37194 N Dillon Ct
 City State Zip Code
 Lake Villa IL 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Claims Senior Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 254.97

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594415
 Amount of Each Receipt this Period
 17.19

C. PAUL R RYSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 898 LONGWOOD DR.
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 636.82

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550244
 Amount of Each Receipt this Period
 45.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 189
<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

Mailing Address 898 LONGWOOD DR.

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **682.68**

Date of Receipt **07 / 25 / 2014**

Transaction ID : A2014-1594289

Amount of Each Receipt this Period **45.86**

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

Mailing Address 321 North Brainard Avenue

City Lagrange Park State IL Zip Code 60526

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **788.53**

Date of Receipt **07 / 11 / 2014**

Transaction ID : A2014-1550431

Amount of Each Receipt this Period **56.77**

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

Mailing Address 321 North Brainard Avenue

City Lagrange Park State IL Zip Code 60526

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **845.30**

Date of Receipt **07 / 25 / 2014**

Transaction ID : A2014-1594475

Amount of Each Receipt this Period **56.77**

SUBTOTAL of Receipts This Page (optional)..... **159.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City LISLE	State IL	Zip Code 60532
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Real Estate and Facilitie
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550349

Amount of Each Receipt this Period
15.80

Full Name (Last, First, Middle Initial)
B. PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City LISLE	State IL	Zip Code 60532
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Real Estate and Facilitie
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594393

Amount of Each Receipt this Period
15.80

Full Name (Last, First, Middle Initial)
C. KAREN M SCHECHT

Mailing Address 754 Pinellas Bayway S

City Tierra Verde	State FL	Zip Code 33715
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claim-Sr Claim Field Dire
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550280

Amount of Each Receipt this Period
16.61

SUBTOTAL of Receipts This Page (optional).....	48.21
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 131 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. KAREN M SCHECHT

Mailing Address 754 Pinellas Bayway S

City State Zip Code
 Tierra Verde FL 33715

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

Name of Employer Occupation
 Allstate Insurance Company Claim-Sr Claim Field Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594325

Amount of Each Receipt this Period
 16.61

Full Name (Last, First, Middle Initial)
B. PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
 HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 522.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550312

Amount of Each Receipt this Period
 37.64

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

Mailing Address 210 NORTH TRAIL

City State Zip Code
 HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
 Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 559.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594356

Amount of Each Receipt this Period
 37.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.89

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. STEPHEN E SCHOLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 COPPERFIELD DRIVE
 City HAWTHORN WOODS State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-HR-HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 835.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550197
 Amount of Each Receipt this Period
 60.00

B. STEPHEN E SCHOLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 COPPERFIELD DRIVE
 City HAWTHORN WOODS State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-HR-HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 895.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594243
 Amount of Each Receipt this Period
 60.00

C. DALE J SCHUELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Scarlet Oak Rd
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Regional Sales Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550387
 Amount of Each Receipt this Period
 22.09

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.09
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 189
	<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. DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City State Zip Code
Flemington NJ 08822

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

Name of Employer Occupation
Allstate Insurance Company Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.94

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594431

Amount of Each Receipt this Period
22.09

Full Name (Last, First, Middle Initial)
B. Shayna M Schulz

Mailing Address 1523 Sheridan Road

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Allstate Insurance Company VP-MRK-Customer Contact C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.28

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550432

Amount of Each Receipt this Period
16.59

Full Name (Last, First, Middle Initial)
C. Shayna M Schulz

Mailing Address 1523 Sheridan Road

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Allstate Insurance Company VP-MRK-Customer Contact C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.87

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594476

Amount of Each Receipt this Period
16.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.27

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

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

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

FOR LINE NUMBER: PAGE 134 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City State Zip Code
 CHICAGO IL 60631

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

Name of Employer Occupation
 Allstate Insurance Company VP-INV-Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 779.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550278

Amount of Each Receipt this Period
 56.37

Full Name (Last, First, Middle Initial)
B. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City State Zip Code
 CHICAGO IL 60631

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

Name of Employer Occupation
 Allstate Insurance Company VP-INV-Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 835.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594323

Amount of Each Receipt this Period
 56.37

Full Name (Last, First, Middle Initial)
C. DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City State Zip Code
 Phoenixville PA 19460

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 760.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550363

Amount of Each Receipt this Period
 54.82

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. DAVID J SCHWARTZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Waverly Circle
 City Phoenixville State PA Zip Code 19460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **815.01**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594407
 Amount of Each Receipt this Period **54.82**

B. ALBERT SCHWARZHAUPT
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Doral Drive
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **252.70**

Date of Receipt **07 / 11 / 2014**
Transaction ID : A2014-1550182
 Amount of Each Receipt this Period **18.15**

C. ALBERT SCHWARZHAUPT
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Doral Drive
 City Hawthorn Woods State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **270.85**

Date of Receipt **07 / 25 / 2014**
Transaction ID : A2014-1594228
 Amount of Each Receipt this Period **18.15**

SUBTOTAL of Receipts This Page (optional)..... **91.12**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 189
	<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. STACY Y SHARPE
Full Name (Last, First, Middle Initial)
Mailing Address 616 E Street NW #649

City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-CR-Strategic & Consum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.80	

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550304

Amount of Each Receipt this Period
55.73

B. STACY Y SHARPE
Full Name (Last, First, Middle Initial)
Mailing Address 616 E Street NW #649

City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-CR-Strategic & Consum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 822.53	

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594349

Amount of Each Receipt this Period
55.73

C. STEVEN E SHEBIK
Full Name (Last, First, Middle Initial)
Mailing Address 517 ROBINWOOD LANE

City WHEATON	State IL	Zip Code 60189
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SMT-FSS-Chief Financial O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2004.18	

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550284

Amount of Each Receipt this Period
145.38

SUBTOTAL of Receipts This Page (optional).....▶	256.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. STEVEN E SHEBIK		Date of Receipt
Mailing Address 517 ROBINWOOD LANE		M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
City State Zip Code WHEATON IL 60189		Transaction ID : A2014-1594329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 145.38
Name of Employer Allstate Insurance Company	Occupation SMT-FSS-Chief Financial O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2149.56	

Full Name (Last, First, Middle Initial) B. STEVEN R SHEFFEY		Date of Receipt
Mailing Address 839 SUMAC		M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
City State Zip Code HIGHLAND PARK IL 60035		Transaction ID : A2014-1550241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.95
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.37	

Full Name (Last, First, Middle Initial) C. STEVEN R SHEFFEY		Date of Receipt
Mailing Address 839 SUMAC		M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
City State Zip Code HIGHLAND PARK IL 60035		Transaction ID : A2014-1594286
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.95
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.32	

SUBTOTAL of Receipts This Page (optional).....▶	189.28
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 138 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. ADAM R SHORES

Mailing Address 680 Brookstone Road

City Grayslake State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.53**

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550414

Amount of Each Receipt this Period
28.83

Full Name (Last, First, Middle Initial)
B. ADAM R SHORES

Mailing Address 680 Brookstone Road

City Grayslake State IL Zip Code 60030

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

Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.36**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594458

Amount of Each Receipt this Period
28.83

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

Mailing Address 5200 RIDGEGATE WAY

City FAIR OAKS State CA Zip Code 95628

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.50**

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550346

Amount of Each Receipt this Period
24.19

SUBTOTAL of Receipts This Page (optional)..... ▶ **81.85**

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

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

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

FOR LINE NUMBER: PAGE 139 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
 FAIR OAKS CA 95628

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

Name of Employer Occupation
 Allstate Insurance Company Field Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594390

Amount of Each Receipt this Period
 24.19

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

Mailing Address 1146 39th Ave NE

City State Zip Code
 St Petersburg FL 33703

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 505.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550190

Amount of Each Receipt this Period
 36.36

Full Name (Last, First, Middle Initial)
C. ROBERT L SIMMONS

Mailing Address 1146 39th Ave NE

City State Zip Code
 St Petersburg FL 33703

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

Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 542.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594236

Amount of Each Receipt this Period
 36.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.91

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 189
	<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
Mailing Address 11 WEHRHEIM		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Transaction ID : A2014-1550394
BARRINGTON	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="42.67"/>
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Manager-Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="593.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KIMBALL S SIMON		Date of Receipt
Mailing Address 11 WEHRHEIM		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Transaction ID : A2014-1594438
BARRINGTON	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="42.67"/>
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Manager-Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="636.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KIMBERLY J SLOANE		Date of Receipt
Mailing Address 650 Rochelle Terrace		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Transaction ID : A2014-1550299
LOMBARD	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="31.33"/>
Name of Employer	Occupation	
Allstate Insurance Company	Risk Management Senior Di	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="434.53"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="116.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 141 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 650 Rochelle Terrace

City State Zip Code
 LOMBARD IL 60148

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

Name of Employer Occupation
 Allstate Insurance Company Risk Management Senior Di

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 465.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594344

Amount of Each Receipt this Period
 31.33

Full Name (Last, First, Middle Initial)
B. ANN M SMITH

Mailing Address 16801 Carmichael Place

City State Zip Code
 Purcellville VA 20132

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

Name of Employer Occupation
 Allstate Insurance Company Sales Administrative Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 218.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550161

Amount of Each Receipt this Period
 15.58

Full Name (Last, First, Middle Initial)
C. ANN M SMITH

Mailing Address 16801 Carmichael Place

City State Zip Code
 Purcellville VA 20132

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

Name of Employer Occupation
 Allstate Insurance Company Sales Administrative Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 233.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594207

Amount of Each Receipt this Period
 15.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49

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

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

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

FOR LINE NUMBER: PAGE 142 OF 189
(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. CHARLES M SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 E. Burr Oak Dr.
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Senior Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 533.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550366
 Amount of Each Receipt this Period
 38.59

B. CHARLES M SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 E. Burr Oak Dr.
 City State Zip Code
 Arlington Heights IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Senior Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 571.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594410
 Amount of Each Receipt this Period
 38.59

C. KATHERINE A SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 KAINER AVENUE
 City State Zip Code
 BARRINGTON IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 264.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550285
 Amount of Each Receipt this Period
 19.06

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 189
	<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. KATHERINE A SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 231 KAINER AVENUE

City BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **283.43**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594330

Amount of Each Receipt this Period
19.06

B. KENNETH D SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 619 N HUMPHREY AVE.

City OAK PARK State IL Zip Code 60302

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

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.80**

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550306

Amount of Each Receipt this Period
17.20

C. KENNETH D SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 619 N HUMPHREY AVE.

City OAK PARK State IL Zip Code 60302

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

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.00**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594351

Amount of Each Receipt this Period
17.20

SUBTOTAL of Receipts This Page (optional)..... **53.46**

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

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

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

FOR LINE NUMBER: PAGE 144 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RICHARD J SMITH Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 597 TREETOP LANE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Product Vice Presi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 334.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550373
 Amount of Each Receipt this Period
 24.25

B. RICHARD J SMITH Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 597 TREETOP LANE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-PRD-Product Vice Presi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594417
 Amount of Each Receipt this Period
 24.25

C. STEVEN P SORENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20712 High Ridge Dr
 City State Zip Code
 KILDEER IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-PRD-Product Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1309.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550358
 Amount of Each Receipt this Period
 94.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 143.12
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. STEVEN P SORENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20712 High Ridge Dr
 City State Zip Code
 KILDEER IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company EVP-PRD-Product Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1403.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594402
 Amount of Each Receipt this Period
 94.62

B. KEVIN A SPATARO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 SARATOGA LANE
 City State Zip Code
 GLENVIEW IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-FSS-Accounting Resear
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 554.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550326
 Amount of Each Receipt this Period
 40.02

C. KEVIN A SPATARO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 SARATOGA LANE
 City State Zip Code
 GLENVIEW IL 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-FSS-Accounting Resear
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 594.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594370
 Amount of Each Receipt this Period
 40.02

SUBTOTAL of Receipts This Page (optional).....	▶	174.66
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. BRIAN M SPENCE		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550342
Mailing Address 1001 N Vermont St		Amount of Each Receipt this Period 30.61
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field PF-Fin Analysis-Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.75	

Full Name (Last, First, Middle Initial) B. BRIAN M SPENCE		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : A2014-1594386
Mailing Address 1001 N Vermont St		Amount of Each Receipt this Period 30.61
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field PF-Fin Analysis-Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.36	

Full Name (Last, First, Middle Initial) C. MARY SPRINGBERG		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : A2014-1550237
Mailing Address 4745 KINGS WAY - NORTH		Amount of Each Receipt this Period 61.69
City GURNEE	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-ATO-Bus Prtn-Product O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 797.13	

SUBTOTAL of Receipts This Page (optional).....▶	122.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 189
	<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. MARY SPRINGBERG
Full Name (Last, First, Middle Initial)

Mailing Address 4745 KINGS WAY - NORTH

City	State	Zip Code
GURNEE	IL	60031

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594282

Amount of Each Receipt this Period

61.69

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

Mailing Address 2015 SELVA MADERA COURT

City	State	Zip Code
ATLANTIC BEACH	FL	32233

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

Name of Employer	Occupation
Allstate Insurance Company	Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **621.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550225

Amount of Each Receipt this Period

44.64

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

Mailing Address 2015 SELVA MADERA COURT

City	State	Zip Code
ATLANTIC BEACH	FL	32233

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

Name of Employer	Occupation
Allstate Insurance Company	Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.69**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594271

Amount of Each Receipt this Period

44.64

SUBTOTAL of Receipts This Page (optional).....▶	150.97
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 148 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MYRON E STOUFFER
 Mailing Address 324 W. Cook
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-AHA-Independent Chann
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550221
 Amount of Each Receipt this Period
 32.02

Full Name (Last, First, Middle Initial)
B. MYRON E STOUFFER
 Mailing Address 324 W. Cook
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-AHA-Independent Chann
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 474.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594267
 Amount of Each Receipt this Period
 32.02

Full Name (Last, First, Middle Initial)
C. DANIEL J SULLIVAN
 Mailing Address 4018 BERRYWOOD DRIVE
 City SEAFORD State NY Zip Code 11783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation FSL - Growth
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594231
 Amount of Each Receipt this Period
 13.89

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.93
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 189
	<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. KATHLEEN A SWAIN		Date of Receipt 07 / 11 / 2014 Transaction ID : A2014-1550250
Mailing Address 242 HIGHVIEW		Amount of Each Receipt this Period 64.49
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Internal Auditing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 895.79	

Full Name (Last, First, Middle Initial) B. KATHLEEN A SWAIN		Date of Receipt 07 / 25 / 2014 Transaction ID : A2014-1594295
Mailing Address 242 HIGHVIEW		Amount of Each Receipt this Period 64.49
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Internal Auditing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.28	

Full Name (Last, First, Middle Initial) C. CARL J TACKETT		Date of Receipt 07 / 11 / 2014 Transaction ID : A2014-1550257
Mailing Address 307 WENDRON COURT		Amount of Each Receipt this Period 20.61
City FRANKLIN	State TN	Zip Code 37069
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 ▼ 286.74	

SUBTOTAL of Receipts This Page (optional).....▶	149.59
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 189
	<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. CARL J TACKETT
Full Name (Last, First, Middle Initial)

Mailing Address 307 WENDRON COURT

City State Zip Code
FRANKLIN TN 37069

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.35

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594302

Amount of Each Receipt this Period
20.61

B. SEAN D THAKUR
Full Name (Last, First, Middle Initial)

Mailing Address 701 N. Chruch St #1

City State Zip Code
Charlotte NC 28202

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

Name of Employer Occupation
Allstate Insurance Company ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.84

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014
Transaction ID : A2014-1550376

Amount of Each Receipt this Period
19.99

C. SEAN D THAKUR
Full Name (Last, First, Middle Initial)

Mailing Address 701 N. Chruch St #1

City State Zip Code
Charlotte NC 28202

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

Name of Employer Occupation
Allstate Insurance Company ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.83

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : A2014-1594420

Amount of Each Receipt this Period
19.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.59

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Joy A Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 Henley Street
 City State Zip Code
 Glenview IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 202.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550427
 Amount of Each Receipt this Period
 14.65

B. Joy A Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 Henley Street
 City State Zip Code
 Glenview IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Finance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 217.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594471
 Amount of Each Receipt this Period
 14.65

C. MICHAEL A THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Robsart Place
 City State Zip Code
 KENILWORTH IL 60043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-RE-Administration & Re
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 356.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550417
 Amount of Each Receipt this Period
 25.96

SUBTOTAL of Receipts This Page (optional).....▶	55.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 189
	<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. MICHAEL A THOMAS		Date of Receipt
Mailing Address 152 Robsart Place		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
KENILWORTH	IL	60043
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1594461
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.96"/>
Name of Employer	Occupation	
Allstate Insurance Company	VP-RE-Administration & Re	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="382.15"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GERALYN A THOMPSON		Date of Receipt
Mailing Address 6906 S. BENNETT		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
CHICAGO	IL	60649
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1550272
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="34.11"/>
Name of Employer	Occupation	
Allstate Insurance Company	Corp Rel Sr Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="473.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GERALYN A THOMPSON		Date of Receipt
Mailing Address 6906 S. BENNETT		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
CHICAGO	IL	60649
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1594317
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="34.11"/>
Name of Employer	Occupation	
Allstate Insurance Company	Corp Rel Sr Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.74"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="94.18"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. WILLIAM J THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 5129 Pine River Trail

City Castle Rock State CO Zip Code 80108

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **722.91**

Date of Receipt **07 / 11 / 2014**

Transaction ID : A2014-1550218

Amount of Each Receipt this Period **52.09**

B. WILLIAM J THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 5129 Pine River Trail

City Castle Rock State CO Zip Code 80108

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : A2014-1594264

Amount of Each Receipt this Period **52.09**

C. MELINDA S TUNNER
Full Name (Last, First, Middle Initial)

Mailing Address 5430 TALL OAKS DRIVE

City LONG GROVE State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Sales Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **773.59**

Date of Receipt **07 / 11 / 2014**

Transaction ID : A2014-1550372

Amount of Each Receipt this Period **55.61**

SUBTOTAL of Receipts This Page (optional)..... **159.79**

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

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

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

FOR LINE NUMBER: PAGE 154 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MELINDA S TUNNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 TALL OAKS DRIVE
 City State Zip Code
 LONG GROVE IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company VP-SAL-Sales Programs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 829.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594416
 Amount of Each Receipt this Period
 55.61

B. RICHARD D TURANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 S CHESTER ST
 City State Zip Code
 ENGLEWOOD CO 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 311.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550177
 Amount of Each Receipt this Period
 22.46

C. RICHARD D TURANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 S CHESTER ST
 City State Zip Code
 ENGLEWOOD CO 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594223
 Amount of Each Receipt this Period
 22.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.53
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 155 OF 189
(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. SHAUNDRA L TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7660 Stony Creek Lane
 City State Zip Code
 Ellicott City MD 21043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Regional Sr Man
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 368.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550162
 Amount of Each Receipt this Period
 26.58

B. SHAUNDRA L TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7660 Stony Creek Lane
 City State Zip Code
 Ellicott City MD 21043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Regional Sr Man
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 395.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594208
 Amount of Each Receipt this Period
 26.58

C. WILLIAM A VAINISI
 Full Name (Last, First, Middle Initial)
 Mailing Address 636 BALMORAL LANE
 City State Zip Code
 INVERNESS IL 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-LGL-Government & Indu
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 904.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550281
 Amount of Each Receipt this Period
 64.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.09
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 156 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. WILLIAM A VAINISI

Mailing Address **636 BALMORAL LANE**

City **INVERNESS** State **IL** Zip Code **60067**

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

Name of Employer **Allstate Insurance Company** Occupation **SVP-LGL-Government & Indu**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **969.63**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594326

Amount of Each Receipt this Period
64.93

Full Name (Last, First, Middle Initial)
B. LISA A VAN SCOYOC

Mailing Address **555 PRIMROSE LANE**

City **CRYSTAL LAKE** State **IL** Zip Code **60014**

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

Name of Employer **Allstate Insurance Company** Occupation **Sr. Manager Accounting/Fi**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.01**

Date of Receipt
07 / 11 / 2014
Transaction ID : A2014-1550289

Amount of Each Receipt this Period
17.61

Full Name (Last, First, Middle Initial)
C. LISA A VAN SCOYOC

Mailing Address **555 PRIMROSE LANE**

City **CRYSTAL LAKE** State **IL** Zip Code **60014**

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

Name of Employer **Allstate Insurance Company** Occupation **Sr. Manager Accounting/Fi**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.62**

Date of Receipt
07 / 25 / 2014
Transaction ID : A2014-1594334

Amount of Each Receipt this Period
17.61

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.15**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. PATRICIA C VANLAMMEREN
Full Name (Last, First, Middle Initial)
Mailing Address 2800 Birchwood Avenue

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-AHA-Field Business Co
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
998.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550393

Amount of Each Receipt this Period
71.79

B. PATRICIA C VANLAMMEREN
Full Name (Last, First, Middle Initial)
Mailing Address 2800 Birchwood Avenue

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-AHA-Field Business Co
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1070.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594437

Amount of Each Receipt this Period
71.79

C. RICHARD VAVRA
Full Name (Last, First, Middle Initial)
Mailing Address 2514 S WESLEY AVENUE

City BERWYN	State IL	Zip Code 60402
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Corporate Counsel
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
623.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550245

Amount of Each Receipt this Period
44.88

SUBTOTAL of Receipts This Page (optional).....▶	188.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. RICHARD VAVRA
Full Name (Last, First, Middle Initial)

Mailing Address 2514 S WESLEY AVENUE

City BERWYN State IL Zip Code 60402

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **668.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594290

Amount of Each Receipt this Period
44.88

B. STEVEN C VERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 37144 FOX HILL DR

City WADSWORTH State IL Zip Code 60083

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

Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2020.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1550186

Amount of Each Receipt this Period
146.15

C. STEVEN C VERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 37144 FOX HILL DR

City WADSWORTH State IL Zip Code 60083

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

Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2166.29**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : A2014-1594232

Amount of Each Receipt this Period
146.15

SUBTOTAL of Receipts This Page (optional)..... **337.18**

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

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

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

FOR LINE NUMBER: PAGE 159 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. MICHAEL F VITALE JR Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1824 Roy Lane
 City Forks Twp. State PA Zip Code 18040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550204
 Amount of Each Receipt this Period
 17.90

B. MICHAEL F VITALE JR Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1824 Roy Lane
 City Forks Twp. State PA Zip Code 18040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594250
 Amount of Each Receipt this Period
 17.90

C. EDWIN L WASINGER JR Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 MURIFIELD DRIVE
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AHA-Strategic Operations-
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550330
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.64
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 189
	<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. EDWIN L WASINGER JR Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 MURIFIELD DRIVE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company AHA-Strategic Operations-
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 311.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594374
 Amount of Each Receipt this Period
 20.84

B. Robert Wasserman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1N165 Partridge Dr
 City State Zip Code
 Wheaton IL 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-eBusiness & Direc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1003.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550429
 Amount of Each Receipt this Period
 72.39

C. Robert Wasserman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1N165 Partridge Dr
 City State Zip Code
 Wheaton IL 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company SVP-MRK-eBusiness & Direc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1076.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594473
 Amount of Each Receipt this Period
 72.39

SUBTOTAL of Receipts This Page (optional).....▶	165.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 189
<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. LEWIS C WEBB II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 El Pardo Dr
 City State Zip Code
 Trinity FL 34655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Financial Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550412
 Amount of Each Receipt this Period
 18.06

B. LEWIS C WEBB II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 El Pardo Dr
 City State Zip Code
 Trinity FL 34655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Regional Financial Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 268.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594456
 Amount of Each Receipt this Period
 18.06

C. BRET D WEHRLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2079 POWHATAN TRAIL
 City State Zip Code
 RICHMOND KY 40475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company FSL - Growth
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594436
 Amount of Each Receipt this Period
 13.73

SUBTOTAL of Receipts This Page (optional).....▶	49.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 189
	<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. SAMUEL W WHITEMAN		Date of Receipt
Mailing Address 47 Park View Ln		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hawthorn Woods	IL	60047
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1550379
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="37.34"/>
Name of Employer	Occupation	
Allstate Insurance Company	Claim Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="518.66"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SAMUEL W WHITEMAN		Date of Receipt
Mailing Address 47 Park View Ln		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hawthorn Woods	IL	60047
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1594423
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="37.34"/>
Name of Employer	Occupation	
Allstate Insurance Company	Claim Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="556.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CYNTHIA A WHITFIELD		Date of Receipt
Mailing Address 298 Keswick Grove Lane		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Franklin	TN	37067
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1550189
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.56"/>
Name of Employer	Occupation	
Allstate Insurance Company	SVP-SAL-Field Senior Vice	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="354.47"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.24"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 189
	<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. CYNTHIA A WHITFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Keswick Grove Lane
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.03

Date of Receipt 07 / 25 / 2014
Transaction ID : A2014-1594235
 Amount of Each Receipt this Period 25.56

B. ROBERT N WHOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 B Mohawk Trail
 City LAKE ZURICH State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Emerging Business Operati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 348.69

Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550236
 Amount of Each Receipt this Period 39.06

C. JOHN K WILCOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 JESSICA LANE
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-PF-Insurance Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 642.83

Date of Receipt 07 / 11 / 2014
Transaction ID : A2014-1550259
 Amount of Each Receipt this Period 46.35

SUBTOTAL of Receipts This Page (optional).....▶ 110.97
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JOHN K WILCOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 JESSICA LANE
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-PF-Insurance Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 689.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594304
 Amount of Each Receipt this Period
 46.35

B. JAMES L WILLCOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1562 Sienna Oak Court
 City Sandy State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Market Claim Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550220
 Amount of Each Receipt this Period
 28.89

C. JAMES L WILLCOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1562 Sienna Oak Court
 City Sandy State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Market Claim Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594266
 Amount of Each Receipt this Period
 28.89

SUBTOTAL of Receipts This Page (optional).....▶	104.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. JEFFREY W WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7104 CHARDON COURT
 City CLARKSVILLE State MD Zip Code 21029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550273
 Amount of Each Receipt this Period
 45.75

B. JEFFREY W WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7104 CHARDON COURT
 City CLARKSVILLE State MD Zip Code 21029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 682.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594318
 Amount of Each Receipt this Period
 45.75

C. THOMAS J WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 N. MOHAWK
 City CHICAGO State IL Zip Code 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3663.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550353
 Amount of Each Receipt this Period
 265.38

SUBTOTAL of Receipts This Page (optional).....▶	356.88
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 166 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
Allstate Insurance Company CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3928.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594397

Amount of Each Receipt this Period
265.38

Full Name (Last, First, Middle Initial)
B. KURT L WINTER

Mailing Address 1403 N. WALNUT

City State Zip Code
ARLINGTON HGHTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company VP-MRK-Regional Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550413

Amount of Each Receipt this Period
22.56

Full Name (Last, First, Middle Initial)
C. KURT L WINTER

Mailing Address 1403 N. WALNUT

City State Zip Code
ARLINGTON HGHTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company VP-MRK-Regional Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594457

Amount of Each Receipt this Period
22.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 189
	<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. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City	State	Zip Code
West Hartford	CT	06117

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

Name of Employer	Occupation
Allstate Insurance Company	EVP-PC-Pres Auto Home &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2466.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550433

Amount of Each Receipt this Period
177.69

Full Name (Last, First, Middle Initial)
B. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City	State	Zip Code
West Hartford	CT	06117

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

Name of Employer	Occupation
Allstate Insurance Company	EVP-PC-Pres Auto Home &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2644.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : A2014-1594477

Amount of Each Receipt this Period
177.69

Full Name (Last, First, Middle Initial)
C. RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City	State	Zip Code
JOHNSBURG	IL	60051

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

Name of Employer	Occupation
Allstate Insurance Company	ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : A2014-1550325

Amount of Each Receipt this Period
21.43

SUBTOTAL of Receipts This Page (optional).....▶	376.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 189
	<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. RONALD W WINTER
Full Name (Last, First, Middle Initial)

Mailing Address 2908 GREY HERON CT.

City JOHNSBURG State IL Zip Code 60051

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

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.66**

Date of Receipt
07 / 25 / 2014

Transaction ID : A2014-1594369

Amount of Each Receipt this Period
21.43

B. BRUCE A WOIKE
Full Name (Last, First, Middle Initial)

Mailing Address 1318 N. CHESTNUT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **319.28**

Date of Receipt
07 / 11 / 2014

Transaction ID : A2014-1550322

Amount of Each Receipt this Period
22.95

C. BRUCE A WOIKE
Full Name (Last, First, Middle Initial)

Mailing Address 1318 N. CHESTNUT AVE.

City ARLINGTON HTS. State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.23**

Date of Receipt
07 / 25 / 2014

Transaction ID : A2014-1594366

Amount of Each Receipt this Period
22.95

SUBTOTAL of Receipts This Page (optional)..... **67.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 189
	<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. ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City Ivanhoe State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **582.05**

Date of Receipt **07 / 11 / 2014**

Transaction ID : A2014-1550380

Amount of Each Receipt this Period **41.99**

Full Name (Last, First, Middle Initial)
B. ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City Ivanhoe State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **624.04**

Date of Receipt **07 / 25 / 2014**

Transaction ID : A2014-1594424

Amount of Each Receipt this Period **41.99**

Full Name (Last, First, Middle Initial)
C. MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City HAWTHORN WOODS State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Department Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **246.34**

Date of Receipt **07 / 11 / 2014**

Transaction ID : A2014-1550188

Amount of Each Receipt this Period **17.65**

SUBTOTAL of Receipts This Page (optional)..... **101.63**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 189
	<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. MATTHEW WOJTASZEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 WELLESLEY COURT
 City State Zip Code
 HAWTHORN WOODS IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Operations Department Man
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 263.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594234
 Amount of Each Receipt this Period
 17.65

B. DAVID E WOOLWINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 W. ROSEHILL DR
 City State Zip Code
 CHICAGO IL 60660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 292.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550212
 Amount of Each Receipt this Period
 21.17

C. DAVID E WOOLWINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 W. ROSEHILL DR
 City State Zip Code
 CHICAGO IL 60660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corp Rel Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 313.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594258
 Amount of Each Receipt this Period
 21.17

SUBTOTAL of Receipts This Page (optional).....	59.99
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 171 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

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

Name of Employer Occupation
Allstate Insurance Company SVP-AP-Chief Data Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
893.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550298

Amount of Each Receipt this Period
64.49

Full Name (Last, First, Middle Initial)
B. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

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

Name of Employer Occupation
Allstate Insurance Company SVP-AP-Chief Data Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
957.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594343

Amount of Each Receipt this Period
64.49

Full Name (Last, First, Middle Initial)
C. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
Allstate Insurance Company Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550370

Amount of Each Receipt this Period
34.60

SUBTOTAL of Receipts This Page (optional)..... ▶ **163.58**

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

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

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

FOR LINE NUMBER: PAGE 173 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
612.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550296

Amount of Each Receipt this Period
44.26

Full Name (Last, First, Middle Initial)
B. MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
657.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594341

Amount of Each Receipt this Period
44.26

Full Name (Last, First, Middle Initial)
C. PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
VILLA PARK IL 60181

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

Name of Employer Occupation
Allstate Insurance Company Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550338

Amount of Each Receipt this Period
21.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. PAUL K ZIGTERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 SOUTH RIVERSIDE DRIVE
 City State Zip Code
 VILLA PARK IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594382
 Amount of Each Receipt this Period
 21.45

B. GERALD L ZIMMERMAN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2584 Sutton Lane
 City State Zip Code
 AURORA IL 60502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1058.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550362
 Amount of Each Receipt this Period
 76.05

C. GERALD L ZIMMERMAN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2584 Sutton Lane
 City State Zip Code
 AURORA IL 60502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Insurance Company Corporate Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1134.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594406
 Amount of Each Receipt this Period
 76.05

SUBTOTAL of Receipts This Page (optional).....▶	173.55
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 175 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)
A. CARLA A 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 Occupation
 Allstate Insurance Company SVP-ATO-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 680.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1550396

Amount of Each Receipt this Period
 49.25

Full Name (Last, First, Middle Initial)
B. CARLA A 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 Occupation
 Allstate Insurance Company SVP-ATO-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 730.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : A2014-1594440

Amount of Each Receipt this Period
 49.25

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	98.50
TOTAL This Period (last page this line number only).....▶	19282.67

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
Service Charge

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2014

Transaction ID : B509383

Amount of Each Disbursement this Period

85.02

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

85.02

85.02

**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. Terri Sewell for Congress

Mailing Address 499 S. Capitol St. SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name
Terri Sewell

Category/
Type

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

Transaction ID : B507601

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James Lee Witt for Congress

Mailing Address P.O. Box 36

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement
Contribution

011

Candidate Name
James L Witt

Category/
Type

Office Sought: House
 Senate
 President
State: AR District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : B500120

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Majority Committee

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

Transaction ID : B507605

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Issa for Congress

Mailing Address P.O. Box 368

City Falls Church State VA Zip Code 22040

Purpose of Disbursement
Contribution

011

Candidate Name

Darrell Issa

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : B507602

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : B500121

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Steve Scalise for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Contribution

011

Candidate Name

Steve Scalise

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : B507603

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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. Tim Bishop for Congress

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Tim Bishop

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : B508690

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : B507604

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

16500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. John Allen 2014

Mailing Address 5661 East Presidio Rd

City State Zip Code
Scottsdale AZ 85254

Purpose of Disbursement
P-2014 State House 15 AZ

011

Candidate Name
John Allen

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : B507407

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Begay for Arizona

Mailing Address P.O. Box 1222

City State Zip Code
Willow Rock AZ 86515

Purpose of Disbursement
P-2014 State Senate 07 AZ

011

Candidate Name
Carlyle Begay

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : B507410

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Biggs 2014

Mailing Address 10612 S. Greenfield Rd.

City State Zip Code
Gilbert AZ 85234

Purpose of Disbursement
P-2014 State Senate 12 AZ

011

Candidate Name
Andy Biggs

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : B507403

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1100.00

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. Elect Karen Fann

Mailing Address P.O. Box 13

City State Zip Code
Sierra Vista AZ 85636

Purpose of Disbursement
P-2014 State House 01 AZ

011

Candidate Name
Karen Fann

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : **B507387**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Eddie Farnsworth 2014

Mailing Address 1126 E. Harrison St.

City State Zip Code
Gilbert AZ 85295

Purpose of Disbursement
P-2014 State House 12 AZ

011

Candidate Name
Eddie Farnsworth

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : **B507400**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Gowan for AZ

Mailing Address P.O. Box 1985

City State Zip Code
Sierra Vista AZ 85636

Purpose of Disbursement
P-2014 State House 14 AZ

011

Candidate Name
David Gowan

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : **B507383**

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

600.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Vote Livingston LD22

Mailing Address 7992 W. Thunderbird Rd. Ste. 111-L

City Peoria State AZ Zip Code 85381

Purpose of Disbursement
P-2014 State House 22 AZ

011

Candidate Name

David Livingston

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Transaction ID : B507401

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Lovas For Arizona

Mailing Address 7197 W. Mariposa Grande Lane

City Peoria State AZ Zip Code 85383

Purpose of Disbursement
P-2014 State House 22 AZ

011

Candidate Name

Phil Lovas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Transaction ID : B507405

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. Vote Mesnard

Mailing Address 1427 W. Homestead Ct.

City Chandler State AZ Zip Code 85286

Purpose of Disbursement
P-2014 State House 17 AZ

011

Candidate Name

J.D. Mesnard

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Transaction ID : B507402

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1300.00

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

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**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. Re-Elect Lynne Pancrazi for Senate

Mailing Address 3748 W 18th Pl

City Yuma State AZ Zip Code 85364

Purpose of Disbursement
P-2014 State Senate 4 AZ

011

Candidate Name

Lynne Pancrazi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	4

Transaction ID : B507399

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Shooter for Senate

Mailing Address 2901 S Palo Verde Lane Unit 42

City Yuma State AZ Zip Code 85234

Purpose of Disbursement
P-2014 State Senate 13 AZ

011

Candidate Name

Don Shooter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	4

Transaction ID : B507408

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Stevens for AZ

Mailing Address P.O. Box 13

City Sierra Vista State AZ Zip Code 85636

Purpose of Disbursement
P-2014 State House 14 AZ

011

Candidate Name

David Stevens

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	4

Transaction ID : B507406

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Yarbrough/Senate

Mailing Address 2241 East Pecos Rd.

City Chandler State AZ Zip Code 85225

Purpose of Disbursement
P-2014 State Senate 17 AZ

011

Candidate Name

Steve Yarbrough

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : B507404

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Friends of Mike Turzai

Mailing Address P.O. Box 721

City Wexford State PA Zip Code 15090

Purpose of Disbursement
G-2014 State House 28 PA

011

Candidate Name

Mike Turzai

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 28

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2014

Transaction ID : B508691

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dr. Greg Bonnen

Mailing Address P.O. Box 1183

City Friendswood State TX Zip Code 77549

Purpose of Disbursement
G-2014 State House 24 TX

011

Candidate Name

Greg Bonnen

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : B500228

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2600.00

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. Drew Darby Campaign

Mailing Address P.O. Box 3284

City San Angelo State TX Zip Code 76902

Purpose of Disbursement
G-2014 State House 72 TX

011

Category/
Type

Candidate Name
Drew Darby

Office Sought: House
 Senate
 President
State: TX District: 72

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : B500225

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eltife for Senate

Mailing Address 417 S. College

City Tyler State TX Zip Code 75702

Purpose of Disbursement
P-2016 State Senate 01 TX

011

Category/
Type

Candidate Name
Kevin Eltife

Office Sought: House
 Senate
 President
State: TX District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : B500221

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Craig Estes for Senate

Mailing Address P.O. Box 8287

City Wichita Falls State TX Zip Code 76307

Purpose of Disbursement
G-2014 State Senate 30 TX

011

Category/
Type

Candidate Name
Craig Estes

Office Sought: House
 Senate
 President
State: TX District: 30

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : B500229

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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. Allen Fletcher Committee

Mailing Address 1230 Barker Cypress Ste 600 #292

City State Zip Code
Cypress TX 77429

Purpose of Disbursement
G-2014 State House 130 TX

011

Category/
Type

Candidate Name

Allen Fletcher

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : B500220

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fraser for Texas Senate

Mailing Address P.O. Box 13243

City State Zip Code
Austin TX 78739

Purpose of Disbursement
P-2016 State Senate 24 TX

011

Category/
Type

Candidate Name

Troy Fraser

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : B500224

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Charles Geren Committee

Mailing Address P.O. Box 1440

City State Zip Code
Fort Worth TX 76101

Purpose of Disbursement
G-2014 State House 99 TX

011

Category/
Type

Candidate Name

Charles Geren

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 99

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : B500230

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Ryan Guillen Campaign

Mailing Address 2504 Sable Palm Drive

City State Zip Code
Rio Grande City TX 78582

Purpose of Disbursement
G-2014 State House 31 TX

011

Candidate Name

Ryan Guillen

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 31

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : B500223

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Texans for Kelly Hancock

Mailing Address PO Box 821349

City State Zip Code
North Richland Hills TX 76182

Purpose of Disbursement
G-2014 State Senate 09 TX

011

Candidate Name

Kelly Hancock

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : B500222

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. John Smithee for State House Rep

Mailing Address 320 S. Polk Suite 1000

City State Zip Code
Amarillo TX 79101

Purpose of Disbursement
G-2014 State House 86 TX

011

Candidate Name

John T Smithee

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 86

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : B500226

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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. Texans for Joe Straus

Mailing Address 1800 Frost Bank Tower 100 West Hou

City San Antonio State TX Zip Code 78205

Purpose of Disbursement
G-2014 State House 121 TX

011

Category/
Type

Candidate Name

Joe Straus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : B500227

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Larry Taylor

Mailing Address PO Box 1208

City Friendswood State TX Zip Code 77549

Purpose of Disbursement
P-2016 State Senate 11 TX

011

Category/
Type

Candidate Name

Larry Taylor

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : B500219

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Watson for Senate

Mailing Address P.O. Box 2004

City Austin State TX Zip Code 78768

Purpose of Disbursement
G-2014 State Senate 14 TX

011

Category/
Type

Candidate Name

Kirk Watson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : B500218

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12000.00

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

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**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. Texans for Greg Abbott

Mailing Address PO Box 308

City Austin State TX Zip Code 78767

Purpose of Disbursement
G-2014 Governor TX

011

Category/
Type

Candidate Name
Greg Abbott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : B507483

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

40800.00