



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Allstate Insurance Company PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="36833.08"/>	<input type="text" value="36833.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35815.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20773.82"/>	<input type="text" value="63212.79"/>
(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="56589.32"/>	<input type="text" value="100045.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9085.76"/>	<input type="text" value="52542.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47503.56"/>	<input type="text" value="47503.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	12753.29	22673.45
(ii) Unitemized .....	8020.53	40539.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20773.82	63212.79
(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) .....	20773.82	63212.79
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))..... ▶	20773.82	63212.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20773.82	63212.79

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	85.76	382.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	85.76	382.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	51500.00
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 .....	0.00	660.00
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)) ..	9085.76	52542.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9085.76	52542.31

**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) .....	20773.82	63212.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20773.82	63212.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	85.76	382.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	85.76	382.31

**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 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**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-Field Leadership C
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.66**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554285**

Amount of Each Receipt this Period  

34.36
-------

**B. WILLIAM P BALLINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 61 Tournament Dr N

City Hawthorn Woods	State IL	Zip Code 60047
------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-PRD-Chief Underwriter
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.41**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554155**

Amount of Each Receipt this Period  

40.16
-------

**C. PHILLIP W BANET**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4589 JADE LANE

City HOFFMAN ESTATES	State IL	Zip Code 60192
-------------------------	-------------	-------------------

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 ▼ **211.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427536**

Amount of Each Receipt this Period  

43.06
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>117.58</b>
<b>TOTAL</b> 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 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4589 JADE LANE

City State Zip Code  
HOFFMAN ESTATES IL 60192

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

Name of Employer Occupation  
Allstate Insurance Company Senior Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.80

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : A2015-554181**

Amount of Each Receipt this Period  
43.90

Full Name (Last, First, Middle Initial)  
**B. WALTER A BERKOWICZ**

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

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

Name of Employer Occupation  
Allstate Insurance Company AFT-Architect-Expert

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
223.95

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : A2015-554251**

Amount of Each Receipt this Period  
37.88

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

Mailing Address 11988 Crafton Hills Crt

City State Zip Code  
Yucaipa CA 92399

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

Name of Employer Occupation  
Allstate Insurance Company Financial Sales Consultan

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.94

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : A2015-554338**

Amount of Each Receipt this Period  
33.49

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.27

**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: (check only one)	PAGE 9 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6350 S Langdale Way

City Aurora State CO Zip Code 80016

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A2015-554327**

Amount of Each Receipt this Period  
**39.78**

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

Mailing Address 1044 APPLE BLOSSOM COURT

City LAKE ZURICH State IL Zip Code 60047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **268.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : A2015-427568**

Amount of Each Receipt this Period  
**54.58**

**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 ▼ **324.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A2015-554214**

Amount of Each Receipt this Period  
**55.57**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>149.93</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code  
VERNON HILLS IL 60061

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427498**

Amount of Each Receipt this Period  
59.60

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

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code  
VERNON HILLS IL 60061

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554142**

Amount of Each Receipt this Period  
60.35

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

Mailing Address 4121 109TH STREET

City State Zip Code  
PLEASANT PRAIRI WI 53158

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
453.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427651**

Amount of Each Receipt this Period  
92.55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.50

**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 11 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. ALICE M BYRNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4121 109TH STREET

City PLEASANT PRAIRI State WI Zip Code 53158

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 ▼ 548.52

Date of Receipt 03 / 20 / 2015  
**Transaction ID : A2015-554298**

Amount of Each Receipt this Period 94.81

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

Mailing Address 9832 Toscano Drive

City ELK GROVE State CA Zip Code 95757

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

Name of Employer Allstate Insurance Company Occupation Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.29

Date of Receipt 03 / 20 / 2015  
**Transaction ID : A2015-554357**

Amount of Each Receipt this Period 37.55

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

Mailing Address 4667 TAMWORTH DR

City PALM HARBOR State FL Zip Code 34685

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

Name of Employer Allstate Insurance Company Occupation Marketing Regional Sr Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.47

Date of Receipt 03 / 20 / 2015  
**Transaction ID : A2015-554260**

Amount of Each Receipt this Period 34.75

**SUBTOTAL** of Receipts This Page (optional).....▶ 167.11

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 270 FAIRVIEW AVENUE

City WINNETKA State IL Zip Code 60093

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

Name of Employer Allstate Insurance Company Occupation SVP-MRK-Integrated Mrktng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A2015-554237**

Amount of Each Receipt this Period  
**39.13**

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

Mailing Address 21200 W. KEPWICK

City KILDEER State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-ATO-Delivery & Risk M

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A2015-554240**

Amount of Each Receipt this Period  
**36.72**

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

Mailing Address 809 DUNHILL COURT

City GURNEE State IL Zip Code 60031

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : A2015-427560**

Amount of Each Receipt this Period  
**52.83**

**SUBTOTAL** of Receipts This Page (optional)..... **128.68**

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

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

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

FOR LINE NUMBER: PAGE 13 OF 78  
(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 ▼  
 314.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554206**  
 Amount of Each Receipt this Period  
 53.74

Full Name (Last, First, Middle Initial)  
**B. PETER T CORRIGAN**  
 Mailing Address 28852 FOREST LAKE LANE  
 City State Zip Code  
 GREEN OAKS IL 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Group CIO Persona  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 347.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427468**  
 Amount of Each Receipt this Period  
 70.05

Full Name (Last, First, Middle Initial)  
**C. PETER T CORRIGAN**  
 Mailing Address 28852 FOREST LAKE LANE  
 City State Zip Code  
 GREEN OAKS IL 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Group CIO Persona  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 418.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554112**  
 Amount of Each Receipt this Period  
 70.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 194.54  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 78  
(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 C CRIST Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3227 Meadow Lane  
 City State Zip Code  
 Collegeville PA 19426  
 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 ▼  
 384.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427503**  
 Amount of Each Receipt this Period  
 77.33

**B. RICHARD C CRIST Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3227 Meadow Lane  
 City State Zip Code  
 Collegeville PA 19426  
 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 ▼  
 462.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554147**  
 Amount of Each Receipt this Period  
 77.90

**C. Teresa J Dalenta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 Cumnor Court  
 City State Zip Code  
 Deerfield IL 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-PRD-Product Line Mana  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554384**  
 Amount of Each Receipt this Period  
 33.65

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 188.88  
**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 15 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. RANDALL S DECOURSEY**  
 Mailing Address 1954 Oakwood Dr  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Contact Center Impl  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427561**  
 Amount of Each Receipt this Period  
 46.90

Full Name (Last, First, Middle Initial)  
**B. RANDALL S DECOURSEY**  
 Mailing Address 1954 Oakwood Dr  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Contact Center Impl  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 278.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554207**  
 Amount of Each Receipt this Period  
 47.93

Full Name (Last, First, Middle Initial)  
**C. JEFFREY F DEIGL**  
 Mailing Address 453 PRAIRIE  
 City State Zip Code  
 ELMHURST IL 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 286.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427626**  
 Amount of Each Receipt this Period  
 58.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.88  
**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 16 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 453 PRAIRIE

City State Zip Code  
 ELMHURST IL 60126

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 345.76

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554273**

Amount of Each Receipt this Period  
 58.91

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

Mailing Address 421 Chapel Hill Lane

City State Zip Code  
 Northfield IL 60093

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 328.91

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427712**

Amount of Each Receipt this Period  
 66.83

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

Mailing Address 421 Chapel Hill Lane

City State Zip Code  
 Northfield IL 60093

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 397.05

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554360**

Amount of Each Receipt this Period  
 68.14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 193.88

**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 17 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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 ▼  
 222.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554194**

Amount of Each Receipt this Period  
 37.99

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

Mailing Address 114 E. Euclid Ave

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 216.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554361**

Amount of Each Receipt this Period  
 37.08

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

Mailing Address 2 Washington Ct..

City State Zip Code  
 STREAMWOOD IL 60107

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

Name of Employer Occupation  
 Allstate Insurance Company AB2B ABI-Product Line-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 209.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554192**

Amount of Each Receipt this Period  
 35.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.74

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

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

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

FOR LINE NUMBER: PAGE 18 OF 78  
(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 V Ealy**

Mailing Address 2601 N. Greenview Ave.

City State Zip Code  
 Chicago IL 60614

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 414.95

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427728**

Amount of Each Receipt this Period  
 82.99

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

Mailing Address 2601 N. Greenview Ave.

City State Zip Code  
 Chicago IL 60614

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 497.94

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554376**

Amount of Each Receipt this Period  
 82.99

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

Mailing Address 21 Seneca Ave West

City State Zip Code  
 Hathorn Woods IL 60047

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.57

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427740**

Amount of Each Receipt this Period  
 45.57

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.55

**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 19 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 21 Seneca Ave West

City State Zip Code  
 Hathorn Woods IL 60047

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 271.70

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554388**

Amount of Each Receipt this Period  
 46.13

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code  
 CHICAGO IL 60655

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

Name of Employer Occupation  
 Allstate Insurance Company VP-FSS-Accounting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 269.25

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427618**

Amount of Each Receipt this Period  
 53.85

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code  
 CHICAGO IL 60655

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

Name of Employer Occupation  
 Allstate Insurance Company VP-FSS-Accounting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 323.10

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554265**

Amount of Each Receipt this Period  
 53.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 153.83

**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 20 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MICHAEL 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 ▼  
294.71

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427471**

Amount of Each Receipt this Period  
59.31

**B. 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 ▼  
354.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554115**

Amount of Each Receipt this Period  
59.77

**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 ▼  
272.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427673**

Amount of Each Receipt this Period  
55.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) <b>A. ANGELA K FONTANA</b>		Date of Receipt 03 / 20 / 2015 <b>Transaction ID : A2015-554321</b>
Mailing Address 1280 WILD ROSE LANE		Amount of Each Receipt this Period 55.96
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP-LGL-Allstate Financial	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.43	

Full Name (Last, First, Middle Initial) <b>B. SARA A FOSTER</b>		Date of Receipt 03 / 20 / 2015 <b>Transaction ID : A2015-554227</b>
Mailing Address 2216 BARRETT DR		Amount of Each Receipt this Period 37.32
City ALGONQUIN	State IL	Zip Code 60102
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation ATO-Six Sigma-Expert	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.91	

Full Name (Last, First, Middle Initial) <b>C. ANGELA M Fusco</b>		Date of Receipt 03 / 06 / 2015 <b>Transaction ID : A2015-427504</b>
Mailing Address 29 Tullach Place		Amount of Each Receipt this Period 29.25
City Stonebrae	State CA	Zip Code 94542
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 202.37	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. ANGELA M Fusco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Tullach Place  
 City Stonebrae State CA Zip Code 94542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554148**  
 Amount of Each Receipt this Period  
 29.65

**B. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Finance Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427586**  
 Amount of Each Receipt this Period  
 41.41

**C. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Finance Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 246.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554232**  
 Amount of Each Receipt this Period  
 42.05

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	113.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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) <b>A. BONNIE S GILL</b>		Date of Receipt
Mailing Address 1570 EDGEFIELD LANE		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOFFMAN ESTATES	IL	60169
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-554323</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="34.88"/>
Name of Employer	Occupation	
Allstate Insurance Company	VP-PRD-Product Vice Presi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205.46"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOAN M GILMORE</b>		Date of Receipt
Mailing Address 656 S BUCKINGHAM CT		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
LAKE FOREST	IL	60045
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-427472</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="46.55"/>
Name of Employer	Occupation	
Allstate Insurance Company	Director Litigation Servi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.87"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOAN M GILMORE</b>		Date of Receipt
Mailing Address 656 S BUCKINGHAM CT		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
LAKE FOREST	IL	60045
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-554116</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="47.01"/>
Name of Employer	Occupation	
Allstate Insurance Company	Director Litigation Servi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="277.88"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="128.44"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 M GOLICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2372 SIMPSON FARM WAY

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427699**

Amount of Each Receipt this Period  
43.26

**B. RICHARD M GOLICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2372 SIMPSON FARM WAY

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
258.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554347**

Amount of Each Receipt this Period  
43.69

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

Mailing Address 4071 NEWPORT LANE

City ARLINGTON HTS	State IL	Zip Code 60004
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554344**

Amount of Each Receipt this Period  
37.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	124.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GEORGE F GRAWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Staff & Retained C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427527**  
 Amount of Each Receipt this Period  
 55.15

**B. GEORGE F GRAWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Staff & Retained C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 326.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554171**  
 Amount of Each Receipt this Period  
 56.50

**C. Mark A Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 Wildwood Ct  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-B2B-President, Ivanta  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 329.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427720**  
 Amount of Each Receipt this Period  
 67.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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) <b>A. Mark A Green</b>			Date of Receipt
Mailing Address 1711 Wildwood Ct			<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A2015-554368</b>
Glenview	IL	60025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="68.35"/>
Name of Employer	Occupation		
Allstate Insurance Company	SVP-B2B-President, Ivanta		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="398.27"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JUDITH P GREFFIN</b>			Date of Receipt
Mailing Address 338 North Kenilworth			<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A2015-427534</b>
OAK PARK	IL	60302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="79.04"/>
Name of Employer	Occupation		
Allstate Insurance Company	EVP-INV-Chief Investment		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="388.28"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JUDITH P GREFFIN</b>			Date of Receipt
Mailing Address 338 North Kenilworth			<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A2015-554179</b>
OAK PARK	IL	60302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.77"/>
Name of Employer	Occupation		
Allstate Insurance Company	EVP-INV-Chief Investment		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="469.05"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="228.16"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 27 OF 78  
(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 ▼  
 215.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427700**

Amount of Each Receipt this Period  
 43.99

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 260.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554348**

Amount of Each Receipt this Period  
 45.06

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

Mailing Address 6130 St. Andrews Ct.

City State Zip Code  
 Ponte Vedra Beach FL 32082

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-B2B-President, Allsta

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 204.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554287**

Amount of Each Receipt this Period  
 35.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.09

**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 28 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sanjay Gupta**

Mailing Address 1971 Farnsworth Ln

City State Zip Code  
 Northbrook IL 60062

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 321.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427741**

Amount of Each Receipt this Period  
 65.25

Full Name (Last, First, Middle Initial)  
**B. Sanjay Gupta**

Mailing Address 1971 Farnsworth Ln

City State Zip Code  
 Northbrook IL 60062

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 388.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554389**

Amount of Each Receipt this Period  
 66.35

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 Claims-HO Leadership-Dire

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 209.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427680**

Amount of Each Receipt this Period  
 42.61

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.21

**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: (check only one)	PAGE 29 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. RANDALL M HANSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2015 <b>Transaction ID : A2015-554328</b>
Mailing Address 840 ALLEGHANY		Amount of Each Receipt this Period 43.45
City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims-HO Leadership-Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.18	

Full Name (Last, First, Middle Initial) <b>B. David S Harper</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2015 <b>Transaction ID : A2015-427723</b>
Mailing Address 41 Lancaster Lane		Amount of Each Receipt this Period 68.21
City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.01	

Full Name (Last, First, Middle Initial) <b>c. David S Harper</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2015 <b>Transaction ID : A2015-554371</b>
Mailing Address 41 Lancaster Lane		Amount of Each Receipt this Period 69.22
City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.23	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 78  
(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 ▼  
 323.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : A2015-427735**

Amount of Each Receipt this Period  
 65.37

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 ▼  
 389.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554383**

Amount of Each Receipt this Period  
 66.12

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

Mailing Address 511 Oak Knoll Road

City State Zip Code  
 Barrington IL 60010

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 ▼  
 503.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : A2015-427737**

Amount of Each Receipt this Period  
 102.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.61

**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 31 OF 78  
(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 A Haskins**

Mailing Address 511 Oak Knoll Road

City State Zip Code  
 Barrington IL 60010

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 ▼  
 607.49

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554385**

Amount of Each Receipt this Period  
 103.85

Full Name (Last, First, Middle Initial)  
**B. 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-B2B-Allstate Benefits

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 237.71

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554177**

Amount of Each Receipt this Period  
 40.21

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 ▼  
 251.54

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427742**

Amount of Each Receipt this Period  
 50.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 194.83

**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 32 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Troy M Hawkes**  
 Mailing Address 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 ▼  
 302.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554392**  
 Amount of Each Receipt this Period  
 50.77

Full Name (Last, First, Middle Initial)  
**B. Jon E Hedegard**  
 Mailing Address 1314 Rose St. NE  
 City 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 ▼  
 200.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554393**  
 Amount of Each Receipt this Period  
 34.23

Full Name (Last, First, Middle Initial)  
**C. Barbara A Higgins**  
 Mailing Address 2107 N Lakewood Ave  
 City State Zip Code  
 Chicago IL 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Customer Retentio  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554386**  
 Amount of Each Receipt this Period  
 38.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 123.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 33 OF 78  
(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 G HILL**

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
 LINDENHURST IL 60046

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 691.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : A2015-427517**

Amount of Each Receipt this Period  
 140.79

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
 LINDENHURST IL 60046

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 835.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554161**

Amount of Each Receipt this Period  
 143.89

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 234.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554233**

Amount of Each Receipt this Period  
 60.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 345.07

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 78
	(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. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHAUCER DRIVE  
 City State Zip Code  
 WILLOW SPRINGS IL 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Capital Planning &  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427574**  
 Amount of Each Receipt this Period  
 51.05

**B. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHAUCER DRIVE  
 City State Zip Code  
 WILLOW SPRINGS IL 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Capital Planning &  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 302.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554220**  
 Amount of Each Receipt this Period  
 52.29

**C. JAMES C JAMIESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 935 Lancaster Rd..  
 City State Zip Code  
 Lake Zurich IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ARE-Real Estate & Constru  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427549**  
 Amount of Each Receipt this Period  
 41.96

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. JAMES C JAMIESON**  
 Mailing Address 935 Lancaster Rd..  
 City State Zip Code  
 Lake Zurich IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ARE-Real Estate & Constru  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 248.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554195**  
 Amount of Each Receipt this Period  
 42.99

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 ▼  
 290.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427730**  
 Amount of Each Receipt this Period  
 58.37

Full Name (Last, First, Middle Initial)  
**C. Wilford J Kavanaugh**  
 Mailing Address 7 Open Parkway North  
 City State Zip Code  
 Hawthorn Woods IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 349.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554378**  
 Amount of Each Receipt this Period  
 58.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.02  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 36 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. CHRISTOPHER R KIAH**

Mailing Address 221 BRAMPTON LN

City State Zip Code  
 LAKE FOREST IL 60045

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-ST-Protection Program

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 294.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427463**

Amount of Each Receipt this Period  
 59.08

Full Name (Last, First, Middle Initial)  
**B. CHRISTOPHER R KIAH**

Mailing Address 221 BRAMPTON LN

City State Zip Code  
 LAKE FOREST IL 60045

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-ST-Protection Program

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 353.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554107**

Amount of Each Receipt this Period  
 59.08

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

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
 BARTLETT IL 60103

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427550**

Amount of Each Receipt this Period  
 45.21

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **163.37**

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

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

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

FOR LINE NUMBER: PAGE 37 OF 78  
(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. CURTIS L KIBLER**

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
 BARTLETT IL 60103

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554196**

Amount of Each Receipt this Period  
 45.43

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

Mailing Address 2050 GLENDALE AVE

City State Zip Code  
 NORTHBROOK IL 60062

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

Name of Employer Occupation  
 Allstate Insurance Company Operations Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 233.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554326**

Amount of Each Receipt this Period  
 40.14

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

Mailing Address 4513 Jenna Rd

City State Zip Code  
 Glenview IL 60025

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 223.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554268**

Amount of Each Receipt this Period  
 38.54

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.11

**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 38 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. SUSAN L LEES**

Mailing Address 1950 Merritt Lane

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Allstate Insurance Company EVP-LGL-Gen'l Counsel & C

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427462**

Amount of Each Receipt this Period  
112.50

Full Name (Last, First, Middle Initial)  
**B. SUSAN L LEES**

Mailing Address 1950 Merritt Lane

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Allstate Insurance Company EVP-LGL-Gen'l Counsel & C

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554105**

Amount of Each Receipt this Period  
115.38

Full Name (Last, First, Middle Initial)  
**C. Peter G Logothetis**

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 ▼  
315.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427731**

Amount of Each Receipt this Period  
63.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Peter G Logothesis**

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 ▼ **379.18**

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : A2015-554379**

Amount of Each Receipt this Period  
**63.67**

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

Mailing Address P.O. BOX 9242

City State Zip Code  
GLENDALE CA 91226

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **226.74**

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : A2015-554346**

Amount of Each Receipt this Period  
**39.05**

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 ▼ **214.95**

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : A2015-554258**

Amount of Each Receipt this Period  
**36.23**

**SUBTOTAL** of Receipts This Page (optional)..... **138.95**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 78
<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. Katherine A Mabe**  
Full Name (Last, First, Middle Initial)

Mailing Address 2750 Commons Drive

City State Zip Code  
Glenview IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company EVP-B2B-President, Busine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
652.49

Date of Receipt  
03 / 06 / 2015  
**Transaction ID : A2015-427729**

Amount of Each Receipt this Period  
114.81

**B. Katherine A Mabe**  
Full Name (Last, First, Middle Initial)

Mailing Address 2750 Commons Drive

City State Zip Code  
Glenview IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company EVP-B2B-President, Busine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.18

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : A2015-554377**

Amount of Each Receipt this Period  
117.69

**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 ▼  
207.52

Date of Receipt  
03 / 06 / 2015  
**Transaction ID : A2015-427540**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 274.50

**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 41 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Rhonda J Masser**

Mailing Address 4807 Wildwood Dr

City State Zip Code  
 McHenry IL 60051

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554186**

Amount of Each Receipt this Period  
 42.63

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
 Hawthorn Woods IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 213.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427571**

Amount of Each Receipt this Period  
 42.77

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
 Hawthorn Woods IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 256.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554217**

Amount of Each Receipt this Period  
 42.94

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

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

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

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

FOR LINE NUMBER: PAGE 42 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. EVA M MCINTEE**

Mailing Address 4109 W Bath Road

City Akron State OH Zip Code 44333

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

Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.98**

Date of Receipt  
**03 / 06 / 2015**  
**Transaction ID : A2015-427686**

Amount of Each Receipt this Period  
**46.58**

Full Name (Last, First, Middle Initial)  
**B. EVA M MCINTEE**

Mailing Address 4109 W Bath Road

City Akron State OH Zip Code 44333

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

Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **278.79**

Date of Receipt  
**03 / 20 / 2015**  
**Transaction ID : A2015-554334**

Amount of Each Receipt this Period  
**46.81**

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

Mailing Address 76 Logan Loop

City Highland Park State IL Zip Code 60035

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

Name of Employer Allstate Insurance Company Occupation SVP-AF-Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **358.89**

Date of Receipt  
**03 / 06 / 2015**  
**Transaction ID : A2015-427732**

Amount of Each Receipt this Period  
**72.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **165.39**

**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 43 OF 78  
(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. Jesse E Merten**  
 Mailing Address 76 Logan Loop  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554380**  
 Amount of Each Receipt this Period  
 72.00

Full Name (Last, First, Middle Initial)  
**B. MEGHAN O MULVIHILL**  
 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 ▼ 203.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427513**  
 Amount of Each Receipt this Period  
 41.46

Full Name (Last, First, Middle Initial)  
**C. MEGHAN O MULVIHILL**  
 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 ▼ 245.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554157**  
 Amount of Each Receipt this Period  
 42.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.93  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MICHAEL F MULVIHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2445 CHERRY LANE  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427555**  
 Amount of Each Receipt this Period  
 45.32

**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 ▼ 270.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554201**  
 Amount of Each Receipt this Period  
 45.77

**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 ▼ 334.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427628**  
 Amount of Each Receipt this Period  
 67.89

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 158.98  
**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 45 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVID 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 ▼ 403.83

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554275**

Amount of Each Receipt this Period  
 69.06

**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 ▼ 320.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427672**

Amount of Each Receipt this Period  
 64.68

**C. PATRICK K NOLL**  
Full Name (Last, First, Middle Initial)

Mailing Address 22451 THORNBURY CT

City DEER PARK State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation SVP-LGL-Enterprise Busine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 386.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554320**

Amount of Each Receipt this Period  
 65.32

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 199.06

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

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

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

FOR LINE NUMBER: PAGE 46 OF 78  
(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 ▼  
208.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427533**

Amount of Each Receipt this Period  
41.88

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
250.23

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554178**

Amount of Each Receipt this Period  
42.23

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 ▼  
255.96

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427529**

Amount of Each Receipt this Period  
51.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **135.95**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 78
	(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. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 308.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554174**  
 Amount of Each Receipt this Period  
 52.66

**B. LAURIE PELLOUCHOUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 PLEASANT  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Homeowners  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 232.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427623**  
 Amount of Each Receipt this Period  
 46.97

**C. LAURIE PELLOUCHOUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 PLEASANT  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Homeowners  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 279.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554270**  
 Amount of Each Receipt this Period  
 47.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 48 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Opal G Perry**  
 Mailing Address 2775 N. Sanders Rd.  
 City Northbrook State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-ATO-International COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **237.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2015**  
**Transaction ID : A2015-427739**  
 Amount of Each Receipt this Period  
**48.02**

Full Name (Last, First, Middle Initial)  
**B. Opal G Perry**  
 Mailing Address 2775 N. Sanders Rd.  
 City Northbrook State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-ATO-International COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **286.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**  
**Transaction ID : A2015-554387**  
 Amount of Each Receipt this Period  
**48.61**

Full Name (Last, First, Middle Initial)  
**C. THOMAS S PETERSON**  
 Mailing Address 2756 BRECKENRIDGE LANE  
 City NAPERVILLE State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **214.91**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**  
**Transaction ID : A2015-554355**  
 Amount of Each Receipt this Period  
**36.35**

**SUBTOTAL** of Receipts This Page (optional)..... ► **132.98**  
**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 49 OF 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 580 SALCEDA DR

City MUNDELEIN State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation VP-PF-Property & Casualty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **279.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : A2015-427482**

Amount of Each Receipt this Period  
**56.65**

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

Mailing Address 580 SALCEDA DR

City MUNDELEIN State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation VP-PF-Property & Casualty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A2015-554126**

Amount of Each Receipt this Period  
**57.49**

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

Mailing Address 2114 W Cortland ST

City CHICAGO State IL Zip Code 60647

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

Name of Employer Allstate Insurance Company Occupation SVP-INV-Chief Financial O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : A2015-427545**

Amount of Each Receipt this Period  
**41.84**

**SUBTOTAL** of Receipts This Page (optional)..... **155.98**

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

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

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

FOR LINE NUMBER: PAGE 50 OF 78  
(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 ▼  
 251.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554191**  
 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 ▼  
 416.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427477**  
 Amount of Each Receipt this Period  
 83.91

**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 ▼  
 500.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554121**  
 Amount of Each Receipt this Period  
 84.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.49  
**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 51 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code  
 ARLINGTON HEIGH IL 60005

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427648**

Amount of Each Receipt this Period  
 48.82

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

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code  
 ARLINGTON HEIGH IL 60005

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 290.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554295**

Amount of Each Receipt this Period  
 49.64

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

Mailing Address 618 Burdick St.

City State Zip Code  
 LIBERTYVILLE IL 60048

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 ▼  
 210.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427575**

Amount of Each Receipt this Period  
 42.16

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.62

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

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

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

FOR LINE NUMBER: PAGE 52 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. KEVIN P RICE**  
 Mailing Address 618 Burdick St.  
 City State Zip Code  
 LIBERTYVILLE IL 60048  
 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 ▼  
 252.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554221**  
 Amount of Each Receipt this Period  
 42.16

Full Name (Last, First, Middle Initial)  
**B. MARIO RIZZO**  
 Mailing Address 5926 W. 90TH PLACE  
 City State Zip Code  
 OAK LAWN IL 60453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427577**  
 Amount of Each Receipt this Period  
 64.14

Full Name (Last, First, Middle Initial)  
**C. MARIO RIZZO**  
 Mailing Address 5926 W. 90TH PLACE  
 City State Zip Code  
 OAK LAWN IL 60453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 377.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554223**  
 Amount of Each Receipt this Period  
 66.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 172.90  
**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 53 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GREGORY C ROHLFING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 ASHLAND  
 City RIVER FOREST State IL Zip Code 60305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427543**  
 Amount of Each Receipt this Period  
 46.10

**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 ▼ 274.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554189**  
 Amount of Each Receipt this Period  
 46.90

**C. JOHN ROSZKOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3371 VENARD RD.  
 City DOWNERS GROVE State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427605**  
 Amount of Each Receipt this Period  
 43.97

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.97  
**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 54 OF 78  
(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 ROSZKOWSKI**  
 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 ▼  
 263.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554252**  
 Amount of Each Receipt this Period  
 43.97

Full Name (Last, First, Middle Initial)  
**B. PAUL R RYSKE**  
 Mailing Address 898 LONGWOOD DR.  
 City State Zip Code  
 LAKE FOREST IL 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 229.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427542**  
 Amount of Each Receipt this Period  
 46.29

Full Name (Last, First, Middle Initial)  
**C. PAUL R RYSKE**  
 Mailing Address 898 LONGWOOD DR.  
 City State Zip Code  
 LAKE FOREST IL 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 276.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554188**  
 Amount of Each Receipt this Period  
 46.73

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.99  
**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 55 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 321 North Brainard Avenue

City State Zip Code  
 Lagrange Park IL 60526

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 294.24

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427724**

Amount of Each Receipt this Period  
 59.08

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

Mailing Address 321 North Brainard Avenue

City State Zip Code  
 Lagrange Park IL 60526

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 353.32

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554372**

Amount of Each Receipt this Period  
 59.08

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

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
 HAWTHORN WOODS IL 60047

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.52

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427499**

Amount of Each Receipt this Period  
 60.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.68

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

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

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

FOR LINE NUMBER: PAGE 56 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. STEPHEN E SCHOLL**  
 Mailing Address 7 COPPERFIELD DRIVE  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554143**  
 Amount of Each Receipt this Period  
 61.04

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 ▼  
 282.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427576**  
 Amount of Each Receipt this Period  
 57.22

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 340.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554222**  
 Amount of Each Receipt this Period  
 58.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 57 OF 78  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. DAVID J 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 ▼  
274.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427654**

Amount of Each Receipt this Period  
55.37

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

City Phoenixville	State PA	Zip Code 19460
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554301**

Amount of Each Receipt this Period  
55.91

**C. STACY Y SHARPE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1100 N. Lake Shore Drive

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-CR-Strategic & Consum
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427601**

Amount of Each Receipt this Period  
57.12

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 58 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. STACY Y SHARPE**  
 Mailing Address 1100 N. Lake Shore Drive  
 City State Zip Code  
 Chicago IL 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-CR-Strategic & Consum  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 338.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554248**  
 Amount of Each Receipt this Period  
 58.52

Full Name (Last, First, Middle Initial)  
**B. STEVEN E SHEBIK**  
 Mailing Address 517 ROBINWOOD LANE  
 City State Zip Code  
 WHEATON IL 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-FSS-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 865.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427583**  
 Amount of Each Receipt this Period  
 173.08

Full Name (Last, First, Middle Initial)  
**C. STEVEN E SHEBIK**  
 Mailing Address 517 ROBINWOOD LANE  
 City State Zip Code  
 WHEATON IL 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-FSS-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1038.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554229**  
 Amount of Each Receipt this Period  
 173.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 404.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 78  
(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 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 ▼  
 219.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554137**

Amount of Each Receipt this Period  
 37.09

Full Name (Last, First, Middle Initial)  
**B. CHARLES M SMITH**

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 233.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554305**

Amount of Each Receipt this Period  
 39.75

Full Name (Last, First, Middle Initial)  
**C. STEVEN P SORENSON**

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 ▼  
 475.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : A2015-427649**

Amount of Each Receipt this Period  
 97.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 ▼  
 575.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554296**  
 Amount of Each Receipt this Period  
 99.82

**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 ▼  
 200.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427620**  
 Amount of Each Receipt this Period  
 40.19

**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 ▼  
 240.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554267**  
 Amount of Each Receipt this Period  
 40.36

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 308.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : A2015-427535**

Amount of Each Receipt this Period  
 62.00

Full Name (Last, First, Middle Initial)  
**B. MARY SPRINGBERG**

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 371.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A2015-554180**

Amount of Each Receipt this Period  
 62.31

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

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code  
 ATLANTIC BEACH FL 32233

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 223.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : A2015-427526**

Amount of Each Receipt this Period  
 45.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 169.36

**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 62 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH	State FL	Zip Code 32233
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554170**

Amount of Each Receipt this Period  
45.45

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

Mailing Address 242 HIGHVIEW

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427547**

Amount of Each Receipt this Period  
64.49

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

Mailing Address 242 HIGHVIEW

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554193**

Amount of Each Receipt this Period  
64.49

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GERALYN A THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 S. BENNETT  
 City State Zip Code  
 CHICAGO IL 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Sr Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 206.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554215**  
 Amount of Each Receipt this Period  
 35.13

**B. WILLIAM J THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5129 Pine River Trail  
 City State Zip Code  
 Castle Rock CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 261.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427519**  
 Amount of Each Receipt this Period  
 53.39

**C. WILLIAM J THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5129 Pine River Trail  
 City State Zip Code  
 Castle Rock CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 316.44

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554163**  
 Amount of Each Receipt this Period  
 54.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.21  
**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 64 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 West Johnson Street  
 City Palatine State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-SAL-Sales Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.59

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427663**  
 Amount of Each Receipt this Period  
 56.15

**B. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 West Johnson Street  
 City Palatine State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-SAL-Sales Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554311**  
 Amount of Each Receipt this Period  
 56.69

**C. WILLIAM A VAINISI**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 325.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427580**  
 Amount of Each Receipt this Period  
 65.58

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.42  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 78  
(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 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 ▼  
 391.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554226**

Amount of Each Receipt this Period  
 66.23

Full Name (Last, First, Middle Initial)  
**B. PATRICIA C VANLAMMEREN**

Mailing Address 2800 Birchwood Avenue

City State Zip Code  
 Wilmette IL 60091

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Field Business Co

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 359.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427682**

Amount of Each Receipt this Period  
 72.69

Full Name (Last, First, Middle Initial)  
**C. PATRICIA C VANLAMMEREN**

Mailing Address 2800 Birchwood Avenue

City State Zip Code  
 Wilmette IL 60091

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Field Business Co

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 433.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554330**

Amount of Each Receipt this Period  
 73.59

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.51

**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 66 OF 78  
(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 C VERNEY**

Mailing Address 37144 FOX HILL DR

City State Zip Code  
 WADSWORTH IL 60083

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

Name of Employer Occupation  
 Allstate Insurance Company EVP-FSS-Chief Risk Office

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 730.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427489**

Amount of Each Receipt this Period  
 146.15

Full Name (Last, First, Middle Initial)  
**B. STEVEN C VERNEY**

Mailing Address 37144 FOX HILL DR

City State Zip Code  
 WADSWORTH IL 60083

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

Name of Employer Occupation  
 Allstate Insurance Company EVP-FSS-Chief Risk Office

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 876.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554133**

Amount of Each Receipt this Period  
 146.15

Full Name (Last, First, Middle Initial)  
**C. Robert Wasserman**

Mailing Address 1N165 Partridge Dr

City State Zip Code  
 Wheaton IL 60188

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-MRK-eBusiness & Direc

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 362.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427722**

Amount of Each Receipt this Period  
 73.11

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 365.41

**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 67 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Robert Wasserman**

Mailing Address 1N165 Partridge Dr

City State Zip Code  
 Wheaton IL 60188

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-MRK-eBusiness & Direc

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 436.51

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554370**

Amount of Each Receipt this Period  
 73.84

Full Name (Last, First, Middle Initial)  
**B. Mary P Weiss**

Mailing Address 5209 Westwood Drive

City State Zip Code  
 Bethesda MD 20816

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

Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Legislative & Regu

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 962.93

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427745**

Amount of Each Receipt this Period  
 193.69

Full Name (Last, First, Middle Initial)  
**C. Mary P Weiss**

Mailing Address 5209 Westwood Drive

City State Zip Code  
 Bethesda MD 20816

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

Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Legislative & Regu

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1158.01

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554395**

Amount of Each Receipt this Period  
 195.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 462.61

**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 68 OF 78  
(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. SAMUEL W WHITEMAN**

Mailing Address 47 Park View 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 Claims-HO Leadership-Dire

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.15

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554317**

Amount of Each Receipt this Period  
 38.08

Full Name (Last, First, Middle Initial)  
**B. JOHN K WILCOX**

Mailing Address 1120 JESSICA LANE

City State Zip Code  
 LIBERTYVILLE IL 60048

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PF-Insurance Operation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 232.33

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427556**

Amount of Each Receipt this Period  
 46.93

Full Name (Last, First, Middle Initial)  
**C. JOHN K WILCOX**

Mailing Address 1120 JESSICA LANE

City State Zip Code  
 LIBERTYVILLE IL 60048

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PF-Insurance Operation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 279.84

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554202**

Amount of Each Receipt this Period  
 47.51

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132.52

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

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

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

FOR LINE NUMBER: PAGE 69 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JEFFREY W WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7104 CHARDON COURT  
 City State Zip Code  
 CLARKSVILLE MD 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 229.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427570**  
 Amount of Each Receipt this Period  
 46.21

**B. JEFFREY W WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7104 CHARDON COURT  
 City State Zip Code  
 CLARKSVILLE MD 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554216**  
 Amount of Each Receipt this Period  
 46.66

**C. THOMAS J WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 N. MOHAWK  
 City State Zip Code  
 CHICAGO IL 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1332.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427646**  
 Amount of Each Receipt this Period  
 271.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 364.02  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 70 OF 78  
(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 ▼  
 1609.59

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554293**

Amount of Each Receipt this Period  
 276.92

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-APL-Pres. Allstate Pe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 919.63

Date of Receipt  
 03 / 06 / 2015  
**Transaction ID : A2015-427726**

Amount of Each Receipt this Period  
 184.62

Full Name (Last, First, Middle Initial)  
**C. 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-APL-Pres. Allstate Pe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1104.25

Date of Receipt  
 03 / 20 / 2015  
**Transaction ID : A2015-554374**

Amount of Each Receipt this Period  
 184.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 646.16

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

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

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

FOR LINE NUMBER: PAGE 71 OF 78  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ANGELA K WOIROL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28616 Sky Crest Dr  
 City State Zip Code  
 Ivanhoe IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Prod Ops State Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427670**  
 Amount of Each Receipt this Period  
 43.35

**B. ANGELA K WOIROL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28616 Sky Crest Dr  
 City State Zip Code  
 Ivanhoe IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Prod Ops State Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 258.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554318**  
 Amount of Each Receipt this Period  
 43.78

**C. FLOYD M YAGER**  
 Full Name (Last, First, Middle Initial)  
 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-APL-Chief Data Office  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 323.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427596**  
 Amount of Each Receipt this Period  
 65.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.75  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. FLOYD M YAGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 BIRCH LANE

City PARK RIDGE	State IL	Zip Code 60068
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-APL-Chief Data Office
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.33**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554243**

Amount of Each Receipt this Period  

66.75
-------

**B. NOEL C YOUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 10936 E. Butherus Drive

City Scottsdale	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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 ▼ **212.79**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : A2015-554309**

Amount of Each Receipt this Period  

38.06
-------

**C. MARY E ZAGORSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 2609 N PINE AVE

City ARLINGTON HEIGHTS	State IL	Zip Code 60004
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.88**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : A2015-427594**

Amount of Each Receipt this Period  

44.84
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>149.65</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 73 OF 78  
(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 ▼  
 267.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554241**  
 Amount of Each Receipt this Period  
 45.42

Full Name (Last, First, Middle Initial)  
**B. GERALD L ZIMMERMAN JR**  
 Mailing Address 2584 Sutton Lane  
 City State Zip Code  
 AURORA IL 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : A2015-427653**  
 Amount of Each Receipt this Period  
 77.20

Full Name (Last, First, Middle Initial)  
**C. GERALD L ZIMMERMAN JR**  
 Mailing Address 2584 Sutton Lane  
 City State Zip Code  
 AURORA IL 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 459.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A2015-554300**  
 Amount of Each Receipt this Period  
 78.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.96  
**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement  
Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B550588**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**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. Defend America PAC**

Mailing Address 6610 Columbia Pike

City Annandale State VA Zip Code 22003

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : B543986**

Amount of Each Disbursement this Period

-5000.00

Voided: Original check dated 01/27/15

Full Name (Last, First, Middle Initial)

**B. Shelby for U S Senate**

Mailing Address 499 S Capitol Street SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard C Shelby**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : B546735**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Terri Sewell for Congress**

Mailing Address 499 S Capitol Street SW Suite 422

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
Contribution

011

Candidate Name

**Terri Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : B550195**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**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. Ernst Victory**

Mailing Address 2300 Clarendon Blvd. Suite 1306

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joni Ernst**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	5

**Transaction ID : B544519**

Amount of Each Disbursement this Period

-	1	5	0	0	0	0
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Voided: Original check dated 02/05/15

Full Name (Last, First, Middle Initial)

**B. Blaine for Congress**

Mailing Address 3410 Alabama Avenue

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Contribution

011

Candidate Name

**Blaine Luetkemeyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

**Transaction ID : B550191**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Treasure State PAC**

Mailing Address 303 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

**Transaction ID : B550194**

Amount of Each Disbursement this Period

2	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	0	0	0	0	0
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2	0	0	0	0	0
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