

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		23048.81
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	83309.22									
(c) Total Receipts (from Line 19)	28958.24	181372.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	112267.46	204421.36								
7. Total Disbursements (from Line 31)	25701.89	117855.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86565.57	86565.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	24515.79	100654.86
(ii) Unitemized	2147.19	78421.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26662.98	179075.98
(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)	26662.98	179075.98
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)	2295.00	2295.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.26	1.57
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28958.24	181372.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28958.24	181372.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	101.89	680.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	101.89	680.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	68000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	17100.00	49175.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25701.89	117855.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25701.89	117855.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	26662.98	179075.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26662.98	179075.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	101.89	680.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	2295.00	2295.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-2193.11	-1614.21

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 244
(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.

Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.60

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552444

Amount of Each Receipt this Period
21.80

B.

Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.40

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552864

Amount of Each Receipt this Period
21.80

C.

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

Mailing Address P O Box 105

City State Zip Code
Grayslake IL 60030

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.31

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552166

Amount of Each Receipt this Period
19.73

SUBTOTAL of Receipts This Page (optional) ► **63.33**

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

A. 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.

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 8 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ERNEST D ADAMS		Date of Receipt
	Mailing Address P O Box 105		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	Grayslake	IL	60030
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552587
		Amount of Each Receipt this Period	<input type="text"/> 19.73
Name of Employer Allstate Insurance Company		Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 255.04

B.	Full Name (Last, First, Middle Initial) JONES G ADUKEH		Date of Receipt
	Mailing Address 1226 RIDGEWOOD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	LAKE VILLA	IL	60046
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552373
		Amount of Each Receipt this Period	<input type="text"/> 33.03
Name of Employer Allstate Insurance Company		Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 393.11

C.	Full Name (Last, First, Middle Initial) JONES G ADUKEH		Date of Receipt
	Mailing Address 1226 RIDGEWOOD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	LAKE VILLA	IL	60046
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552794
		Amount of Each Receipt this Period	<input type="text"/> 33.03
Name of Employer Allstate Insurance Company		Occupation Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 426.14

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.79
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 244
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) LORAL ADUKEH	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1226 RIDGEWOOD LANE	Transaction ID: A2009-3552430
	City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 391.65	

B.	Full Name (Last, First, Middle Initial) LORAL ADUKEH	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1226 RIDGEWOOD LANE	Transaction ID: A2009-3552850
	City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 424.35	

C.	Full Name (Last, First, Middle Initial) MICHAEL W AGAR	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 200 W MILL VALLEY DR	Transaction ID: A2009-3552761
	City State Zip Code COLLEYVILLE TX 76034	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.55	

SUBTOTAL of Receipts This Page (optional)	81.75
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

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

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A2009-3552197

Amount of Each Receipt this Period
22.94

B.

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

Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

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

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552618

Amount of Each Receipt this Period
22.94

C.

Full Name (Last, First, Middle Initial)
ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 371.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A2009-3552085

Amount of Each Receipt this Period
31.56

SUBTOTAL of Receipts This Page (optional) ► **77.44**

TOTAL This Period (last page this line 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 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ROBERT S ALLEN		Date of Receipt
	Mailing Address 244 ELM ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552506
Name of Employer Allstate Insurance Company		Occupation CC IT Senior Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 402.73	<input type="text"/> 31.56

B.	Full Name (Last, First, Middle Initial) AMY M ALLMON		Date of Receipt
	Mailing Address 4499 Meyers Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	Castle Rock	CO	80104
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552353
Name of Employer Allstate Insurance Company		Occupation Sales Support Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 281.46	<input type="text"/> 23.88

C.	Full Name (Last, First, Middle Initial) AMY M ALLMON		Date of Receipt
	Mailing Address 4499 Meyers Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	Castle Rock	CO	80104
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552774
Name of Employer Allstate Insurance Company		Occupation Sales Support Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.34	<input type="text"/> 23.88

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 79.32
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM H AYO		Date of Receipt
	Mailing Address 1009 LAKE RIDGE DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	SAFETY HARBOR	FL	34695
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552576
Name of Employer Allstate Insurance Company		Occupation Human Resource Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.55	<input type="text"/> 16.35

B.	Full Name (Last, First, Middle Initial) JOHN P BADER		Date of Receipt
	Mailing Address 438 MITCHELL DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	GRAYS LAKE	IL	60030
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552058
Name of Employer Allstate Insurance Company		Occupation VP Enterprise Infrastruct	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 874.14	<input type="text"/> 74.32

C.	Full Name (Last, First, Middle Initial) JOHN P BADER		Date of Receipt
	Mailing Address 438 MITCHELL DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	GRAYS LAKE	IL	60030
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552480
Name of Employer Allstate Insurance Company		Occupation VP Enterprise Infrastruct	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 948.46	<input type="text"/> 74.32

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 164.99
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 4435 SWILCAN BRIDGE LANE, N

City JACKSONVILLE State FL Zip Code 32224

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

Name of Employer Allstate Insurance Company Occupation AVP-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 386.89

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552143

Amount of Each Receipt this Period 32.57

B.

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

Mailing Address 4435 SWILCAN BRIDGE LANE, N

City JACKSONVILLE State FL Zip Code 32224

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

Name of Employer Allstate Insurance Company Occupation AVP-Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 419.46

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552564

Amount of Each Receipt this Period 32.57

C.

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

Mailing Address 8316 E. Tailfeather Dr

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.79

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552060

Amount of Each Receipt this Period 19.52

SUBTOTAL of Receipts This Page (optional) ► 84.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.31

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552482

Amount of Each Receipt this Period
19.52

B.

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

Mailing Address 1225 W. Morse, Unit 508

City State Zip Code
Chicago IL 60626

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.47

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552343

Amount of Each Receipt this Period
27.71

C.

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

Mailing Address 1225 W. Morse, Unit 508

City State Zip Code
Chicago IL 60626

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 356.18

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552764

Amount of Each Receipt this Period
27.71

SUBTOTAL of Receipts This Page (optional) ► **74.94**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GREGORY P BALDWIN

Mailing Address 2 Saddle Ridge Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.88

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552333

Amount of Each Receipt this Period
36.94

B.

Full Name (Last, First, Middle Initial)
GREGORY P BALDWIN

Mailing Address 2 Saddle Ridge Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.82

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552754

Amount of Each Receipt this Period
36.94

C.

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

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.52

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552119

Amount of Each Receipt this Period
35.51

SUBTOTAL of Receipts This Page (optional) ► **109.39**

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 16 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 459.03

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552540

Amount of Each Receipt this Period
35.51

B.

Full Name (Last, First, Middle Initial)
DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Financial -

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 626.87

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552460

Amount of Each Receipt this Period
52.56

C.

Full Name (Last, First, Middle Initial)
DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Financial -

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 679.43

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552880

Amount of Each Receipt this Period
52.56

SUBTOTAL of Receipts This Page (optional) ► **140.63**

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

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

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

FOR LINE NUMBER: PAGE 17 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Senior Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.12

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552171

Amount of Each Receipt this Period
34.43

B. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Senior Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.55

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552592

Amount of Each Receipt this Period
34.43

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

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.46

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552443

Amount of Each Receipt this Period
71.18

SUBTOTAL of Receipts This Page (optional) ► 140.04

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

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

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

FOR LINE NUMBER: PAGE 18 / 244
(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

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

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 911.64

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552863

Amount of Each Receipt this Period
71.18

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

Mailing Address 108 Sloan Road

City State Zip Code
West Chester PA 19382

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.70

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552076

Amount of Each Receipt this Period
22.75

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

Mailing Address 108 Sloan Road

City State Zip Code
West Chester PA 19382

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.45

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552498

Amount of Each Receipt this Period
22.75

SUBTOTAL of Receipts This Page (optional) ► **116.68**

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 19 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.56

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552218
Amount of Each Receipt this Period: 19.13

B.

Full Name (Last, First, Middle Initial)
CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.69

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552639
Amount of Each Receipt this Period: 19.13

C.

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

Mailing Address 1402 N. Illinois Avenue

City Arlington Heights State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.37

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552222
Amount of Each Receipt this Period: 26.51

SUBTOTAL of Receipts This Page (optional) ► 64.77

TOTAL This Period (last page this line 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 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) DIANE BELLAS	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1402 N. Illinois Avenue	Transaction ID: A2009-3552643
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 26.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Accounting Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 338.88	

B.	Full Name (Last, First, Middle Initial) WALTER A BERKOWICZ	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 405 GATESHEAD DRIVE	Transaction ID: A2009-3552297
	City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 32.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 392.16	

C.	Full Name (Last, First, Middle Initial) WALTER A BERKOWICZ	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 405 GATESHEAD DRIVE	Transaction ID: A2009-3552718
	City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 32.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 424.84	

SUBTOTAL of Receipts This Page (optional)	▶	91.87
TOTAL This Period (last page this line 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 21 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 482.80

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552092

Amount of Each Receipt this Period
40.40

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

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 523.20

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552513

Amount of Each Receipt this Period
40.40

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

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.65

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552156

Amount of Each Receipt this Period
20.55

SUBTOTAL of Receipts This Page (optional) ► **101.35**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Occupation
Allstate Insurance Company Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 263.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552577

Amount of Each Receipt this Period

20.55

B.

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

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

Name of Employer Occupation
Allstate Insurance Company President-Allstate Workpl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 472.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552375

Amount of Each Receipt this Period

39.36

C.

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

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

Name of Employer Occupation
Allstate Insurance Company President-Allstate Workpl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 511.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552796

Amount of Each Receipt this Period

39.36

SUBTOTAL of Receipts This Page (optional)

99.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 7533 WHITLOCK PLACE

City LINCOLN State NE Zip Code 68516

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

Name of Employer Allstate Insurance Company Occupation Customer Service Senior M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.37

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552722
 Amount of Each Receipt this Period: 16.34

B.

Full Name (Last, First, Middle Initial)
ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City North Barrington State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Investor R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.70

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552364
 Amount of Each Receipt this Period: 62.95

C.

Full Name (Last, First, Middle Initial)
ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City North Barrington State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Investor R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.65

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552785
 Amount of Each Receipt this Period: 62.95

SUBTOTAL of Receipts This Page (optional) ► 142.24

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code
ELK GROVE VLLGE IL 60007

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

Name of Employer Allstate Insurance Company Occupation Vice President Sales Agen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 612.42

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552178

Amount of Each Receipt this Period
51.56

B.

Full Name (Last, First, Middle Initial)
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code
ELK GROVE VLLGE IL 60007

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

Name of Employer Allstate Insurance Company Occupation Vice President Sales Agen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 663.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552599

Amount of Each Receipt this Period
51.56

C.

Full Name (Last, First, Middle Initial)
CAROL L BONOVIK

Mailing Address 6 N. MILLERS LANE

City State Zip Code
MT. PROSPECT IL 60056

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.29

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552707

Amount of Each Receipt this Period
16.33

SUBTOTAL of Receipts This Page (optional) ► 119.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 244
	<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.	Full Name (Last, First, Middle Initial) DOUGLAS L BORG		Date of Receipt
	Mailing Address 2160 Red Setter Road		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rocklin	CA	95765
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552440
Name of Employer Allstate Insurance Company		Occupation Financial Sales Consultan	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="393.96"/>	<input type="text" value="32.83"/>

B.	Full Name (Last, First, Middle Initial) DOUGLAS L BORG		Date of Receipt
	Mailing Address 2160 Red Setter Road		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rocklin	CA	95765
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552860
Name of Employer Allstate Insurance Company		Occupation Financial Sales Consultan	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="426.79"/>	<input type="text" value="32.83"/>

C.	Full Name (Last, First, Middle Initial) MICHAEL B BOYLE		Date of Receipt
	Mailing Address 1063 CHERRY STREET		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WINNETKA	IL	60093
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552122
Name of Employer Allstate Insurance Company		Occupation Vice President Info Techn	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="919.88"/>	<input type="text" value="77.29"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="142.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Allstate Insurance Company Occupation Vice President Info Techn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 997.17

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552543

Amount of Each Receipt this Period
77.29

B.

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

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.75

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552409

Amount of Each Receipt this Period
31.15

C.

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

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.90

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552829

Amount of Each Receipt this Period
31.15

SUBTOTAL of Receipts This Page (optional) ► **139.59**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: AVP Encompass Field Distr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.71

Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552379

Amount of Each Receipt this Period 21.88

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

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: AVP Encompass Field Distr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.59

Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552800

Amount of Each Receipt this Period 21.88

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

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552248

Amount of Each Receipt this Period 19.88

SUBTOTAL of Receipts This Page (optional) 63.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 244
(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

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

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552669
Amount of Each Receipt this Period: 19.88

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

Mailing Address 35 FAIRMONT AVENUE

City State Zip Code
SOMERVILLE NJ 08876

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552500
Amount of Each Receipt this Period: 16.35

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

Mailing Address 18135 W MEANDER DR

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.91

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552109
Amount of Each Receipt this Period: 19.48

SUBTOTAL of Receipts This Page (optional) ► 55.71

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 18135 W MEANDER DR

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.39

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552530

Amount of Each Receipt this Period
19.48

B.

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 509.82

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552232

Amount of Each Receipt this Period
43.01

C.

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 552.83

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552653

Amount of Each Receipt this Period
43.01

SUBTOTAL of Receipts This Page (optional) ► 105.50

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 30 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552131

Amount of Each Receipt this Period

0.59

B.

Full Name (Last, First, Middle Initial)
DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 217.19

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552552

Amount of Each Receipt this Period

0.59

C.

Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

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

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 238.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552227

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

21.06

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 31 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552648

Amount of Each Receipt this Period
19.88

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

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code
FRANKLIN TN 37064

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.64

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552133

Amount of Each Receipt this Period
18.12

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

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code
FRANKLIN TN 37064

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.76

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552554

Amount of Each Receipt this Period
18.12

SUBTOTAL of Receipts This Page (optional) ► 56.12

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552182

Amount of Each Receipt this Period
19.88

B.

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

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552603

Amount of Each Receipt this Period
19.88

C.

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

Mailing Address 3203 Long Blvd # 6

City State Zip Code
Nashville TN 37203

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 ▼ 223.80

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552093

Amount of Each Receipt this Period
18.75

SUBTOTAL of Receipts This Page (optional) ► 58.51

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 33 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 3203 Long Blvd # 6

City State Zip Code
Nashville TN 37203

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

Name of Employer Occupation
Allstate Insurance Company Regional Sales Leader

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.55

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552514

Amount of Each Receipt this Period

18.75

B.

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

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552336

Amount of Each Receipt this Period

19.88

C.

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

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 258.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552757

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

58.51

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 34 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Information O

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2220.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552142

Amount of Each Receipt this Period

186.21

B.

Full Name (Last, First, Middle Initial)
CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Information O

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2406.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552563

Amount of Each Receipt this Period

186.21

C.

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

Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code
BERWYN IL 60402

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 432.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552229

Amount of Each Receipt this Period

36.30

SUBTOTAL of Receipts This Page (optional) ▶

408.72

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

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

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

FOR LINE NUMBER: PAGE 35 / 244
(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

A. Full Name (Last, First, Middle Initial)
ANNE MARIE L BRUNNER
 Mailing Address 2514 SOUTH WESLEY AVE
 City State Zip Code
 BERWYN IL 60402
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9
Transaction ID: A2009-3552650
 Amount of Each Receipt this Period
 36.30
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Home Office Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.35

B. Full Name (Last, First, Middle Initial)
DAVID N BUGGS
 Mailing Address 12234 85TH AVE
 City State Zip Code
 PLEASANT PR WI 53158
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 9
Transaction ID: A2009-3552365
 Amount of Each Receipt this Period
 32.14
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.68

C. Full Name (Last, First, Middle Initial)
DAVID N BUGGS
 Mailing Address 12234 85TH AVE
 City State Zip Code
 PLEASANT PR WI 53158
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9
Transaction ID: A2009-3552786
 Amount of Each Receipt this Period
 32.14
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 417.82

SUBTOTAL of Receipts This Page (optional) ► 100.58
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 36 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JEFFREY E BURKE
Mailing Address 601 North Pines Trail
City Parker State CO Zip Code 80138
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Regional Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 489.60
Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552464
Amount of Each Receipt this Period 40.80

B. Full Name (Last, First, Middle Initial)
JEFFREY E BURKE
Mailing Address 601 North Pines Trail
City Parker State CO Zip Code 80138
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Regional Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 530.40
Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552884
Amount of Each Receipt this Period 40.80

C. Full Name (Last, First, Middle Initial)
GREGORY C BURNS
Mailing Address 2000 N. BROADMOOR LANE
City VERNON HILLS State IL Zip Code 60061
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 256.48
Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552098
Amount of Each Receipt this Period 21.69

SUBTOTAL of Receipts This Page (optional) ► 103.29
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.17

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552519

Amount of Each Receipt this Period
21.69

B.

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.52

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552047

Amount of Each Receipt this Period
89.71

C.

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.23

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552469

Amount of Each Receipt this Period
89.71

SUBTOTAL of Receipts This Page (optional) ► 201.11

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 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DANIEL C BUTLER III, III

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 668.58

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552141

Amount of Each Receipt this Period
56.34

B.

Full Name (Last, First, Middle Initial)
DANIEL C BUTLER III, III

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 724.92

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552562

Amount of Each Receipt this Period
56.34

C.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 948.39

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552359

Amount of Each Receipt this Period
79.52

SUBTOTAL of Receipts This Page (optional) ► 192.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ALICE M BYRNE		Date of Receipt
	Mailing Address 4121 109TH STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	PLEASANT PRAIRI	WI	53158
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552780
Name of Employer Allstate Insurance Company		Occupation Vice President Field	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 79.52
		<input type="text"/> 1027.91	

B.	Full Name (Last, First, Middle Initial) RICHARD S CAIRNS		Date of Receipt
	Mailing Address 2791 NE 9TH COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	POMPANO BEACH	FL	33062
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552146
Name of Employer Allstate Insurance Company		Occupation Territorial Sales Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 17.54
		<input type="text"/> 210.48	

C.	Full Name (Last, First, Middle Initial) RICHARD S CAIRNS		Date of Receipt
	Mailing Address 2791 NE 9TH COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	POMPANO BEACH	FL	33062
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552567
Name of Employer Allstate Insurance Company		Occupation Territorial Sales Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 17.54
		<input type="text"/> 228.02	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 114.60
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.37

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552372

Amount of Each Receipt this Period
24.36

B. Full Name (Last, First, Middle Initial)
IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.73

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552793

Amount of Each Receipt this Period
24.36

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

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Communication Senior Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.50

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552305

Amount of Each Receipt this Period
21.05

SUBTOTAL of Receipts This Page (optional) ► 69.77

TOTAL This Period (last page this line 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 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer
Allstate Insurance Company

Occupation
Communication Senior Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.55

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552726

Amount of Each Receipt this Period
21.05

B.

Full Name (Last, First, Middle Initial)
SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

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

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
466.52

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552287

Amount of Each Receipt this Period
39.51

C.

Full Name (Last, First, Middle Initial)
SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

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

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
506.03

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552708

Amount of Each Receipt this Period
39.51

SUBTOTAL of Receipts This Page (optional) ► **100.07**

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 42 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BRIAN L CLARK

Mailing Address 257 Lake Circle

City State Zip Code
MADISON MS 39110

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

Name of Employer Occupation
Allstate Insurance Company Finance Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552799

Amount of Each Receipt this Period
15.81

B.

Full Name (Last, First, Middle Initial)
EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Senior State Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 297.31

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552314

Amount of Each Receipt this Period
25.18

C.

Full Name (Last, First, Middle Initial)
EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Senior State Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 322.49

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552735

Amount of Each Receipt this Period
25.18

SUBTOTAL of Receipts This Page (optional) ▶

66.17

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

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

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.96

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552172

Amount of Each Receipt this Period
34.33

B.

Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

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

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 446.29

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552593

Amount of Each Receipt this Period
34.33

C.

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.18

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552312

Amount of Each Receipt this Period
29.84

SUBTOTAL of Receipts This Page (optional) ► 98.50

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 44 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.02

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552733
Amount of Each Receipt this Period: 29.84

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

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 402.34

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552273
Amount of Each Receipt this Period: 33.87

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

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 436.21

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552694
Amount of Each Receipt this Period: 33.87

SUBTOTAL of Receipts This Page (optional) ► 97.58

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

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

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

FOR LINE NUMBER: PAGE 45 / 244
(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

A. Full Name (Last, First, Middle Initial)
EDWARD T COLLINS
 Mailing Address 809 DUNHILL COURT
 City State Zip Code
 GURNEE IL 60031
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 9
Transaction ID: A2009-3552219
 Amount of Each Receipt this Period
 43.20
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &
 Receipt For: Primary General Aggregate Year-to-Date ▼
 Other (specify) ▼ 512.10

B. Full Name (Last, First, Middle Initial)
EDWARD T COLLINS
 Mailing Address 809 DUNHILL COURT
 City State Zip Code
 GURNEE IL 60031
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9
Transaction ID: A2009-3552640
 Amount of Each Receipt this Period
 43.20
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &
 Receipt For: Primary General Aggregate Year-to-Date ▼
 Other (specify) ▼ 555.30

C. Full Name (Last, First, Middle Initial)
LARRY K CONLEE
 Mailing Address 363 Kensington Ct.
 City State Zip Code
 Palatine IL 60067
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 9
Transaction ID: A2009-3552258
 Amount of Each Receipt this Period
 19.30
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Senior Actuary
 Receipt For: Primary General Aggregate Year-to-Date ▼
 Other (specify) ▼ 230.20

SUBTOTAL of Receipts This Page (optional) ► 105.70
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) LARRY K CONLEE		Date of Receipt
	Mailing Address 363 Kensington Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	Palatine	IL	60067
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552679
		Amount of Each Receipt this Period	
		<input type="text"/> 19.30	
Name of Employer Allstate Insurance Company		Occupation Senior Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 249.50	

B.	Full Name (Last, First, Middle Initial) MICHAEL P COOGAN		Date of Receipt
	Mailing Address 1609 SYRACUSE LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	SCHAUMBURG	IL	60193
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552277
		Amount of Each Receipt this Period	
		<input type="text"/> 31.01	
Name of Employer Allstate Insurance Company		Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 369.07	

C.	Full Name (Last, First, Middle Initial) MICHAEL P COOGAN		Date of Receipt
	Mailing Address 1609 SYRACUSE LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	SCHAUMBURG	IL	60193
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552698
		Amount of Each Receipt this Period	
		<input type="text"/> 31.01	
Name of Employer Allstate Insurance Company		Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 400.08	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 81.32
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 47 / 244
(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

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

Mailing Address 14 Torrey Pines Way

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 829.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552385

Amount of Each Receipt this Period
82.20

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

Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.63

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552077

Amount of Each Receipt this Period
5.94

C. Full Name (Last, First, Middle Initial)
WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
ARLINGTON HGTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 898.96

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552180

Amount of Each Receipt this Period
75.68

SUBTOTAL of Receipts This Page (optional) ► **163.82**

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

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

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

FOR LINE NUMBER: PAGE 48 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM G GRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
ARLINGTON HGTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 974.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552601

Amount of Each Receipt this Period
75.68

B. Full Name (Last, First, Middle Initial)
FREDERICK F CRIPE

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation SVP & Executive Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1051.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A2009-3552174

Amount of Each Receipt this Period
89.04

C. Full Name (Last, First, Middle Initial)
FREDERICK F CRIPE

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation SVP & Executive Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552595

Amount of Each Receipt this Period
89.04

SUBTOTAL of Receipts This Page (optional) ► **253.76**

TOTAL This Period (last page this line 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 49 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD C CRIST JR, Jr.
Mailing Address 905 Chalet Court

City State Zip Code
Colleyville TX 76034

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

Name of Employer Allstate Insurance Company Occupation Vice President -Corp Ethn

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 848.81

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552104
Amount of Each Receipt this Period: 70.85

B. Full Name (Last, First, Middle Initial)
RICHARD C CRIST JR, Jr.
Mailing Address 905 Chalet Court

City State Zip Code
Colleyville TX 76034

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

Name of Employer Allstate Insurance Company Occupation Vice President -Corp Ethn

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 919.66

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552525
Amount of Each Receipt this Period: 70.85

C. Full Name (Last, First, Middle Initial)
WILLIAM DALY
Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 524.16

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552091
Amount of Each Receipt this Period: 44.48

SUBTOTAL of Receipts This Page (optional) ► 186.18

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.64

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552512

Amount of Each Receipt this Period
44.48

B.

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

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 438.36

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552130

Amount of Each Receipt this Period
36.68

C.

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

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.04

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552551

Amount of Each Receipt this Period
36.68

SUBTOTAL of Receipts This Page (optional) ► **117.84**

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

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

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

FOR LINE NUMBER: PAGE 51 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
SAM DE FRANK

Mailing Address 632 Onwentsia Avenue

City State Zip Code
Highland Park IL 60035

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 412.44

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552224

Amount of Each Receipt this Period
34.37

B. Full Name (Last, First, Middle Initial)
SAM DE FRANK

Mailing Address 632 Onwentsia Avenue

City State Zip Code
Highland Park IL 60035

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 446.81

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552645

Amount of Each Receipt this Period
34.37

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.92

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552221

Amount of Each Receipt this Period
33.06

SUBTOTAL of Receipts This Page (optional) ► **101.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) RANDAL S DECOURSEY	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1954 Oakwood Dr	Transaction ID: A2009-3552642
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 33.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.98

B.	Full Name (Last, First, Middle Initial) STEVEN J DEGNAN-SCHMIDT	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1320 MULBERRY LN.	Transaction ID: A2009-3552161
	City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 37.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 446.39

C.	Full Name (Last, First, Middle Initial) STEVEN J DEGNAN-SCHMIDT	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1320 MULBERRY LN.	Transaction ID: A2009-3552582
	City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 37.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 484.01

SUBTOTAL of Receipts This Page (optional)	▶	108.30
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 652.38

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552330

Amount of Each Receipt this Period
54.59

B.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 706.97

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552751

Amount of Each Receipt this Period
54.59

C.

Full Name (Last, First, Middle Initial)
LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City State Zip Code
Humble TX 77346

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.65

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552154

Amount of Each Receipt this Period
39.20

SUBTOTAL of Receipts This Page (optional) ► **148.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City State Zip Code
Humble TX 77346

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.85

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552575

Amount of Each Receipt this Period
39.20

B.

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

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILLS IL 60102

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.56

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552360

Amount of Each Receipt this Period
17.63

C.

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

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILLS IL 60102

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.19

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552781

Amount of Each Receipt this Period
17.63

SUBTOTAL of Receipts This Page (optional) ► 74.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 244
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) LEO DISHEL		Date of Receipt
	Mailing Address 340 E 74TH ST APT 6C		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	NEW YORK	NY	10021
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Market Sales Leader	Transaction ID: A2009-3552075
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 247.47	<input type="text"/> 20.71

B.	Full Name (Last, First, Middle Initial) LEO DISHEL		Date of Receipt
	Mailing Address 340 E 74TH ST APT 6C		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	NEW YORK	NY	10021
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Market Sales Leader	Transaction ID: A2009-3552497
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 268.18	<input type="text"/> 20.71

C.	Full Name (Last, First, Middle Initial) SARAH R DONAHUE		Date of Receipt
	Mailing Address 4147 RFD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	LONG GROVE	IL	60047
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation AVP-Product	Transaction ID: A2009-3552304
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 692.19	<input type="text"/> 57.92

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 99.34
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.11

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552725

Amount of Each Receipt this Period
57.92

B.

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

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552425

Amount of Each Receipt this Period
19.88

C.

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

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552845

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 97.68

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 57 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City MALVERN State PA Zip Code 19355

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552107

Amount of Each Receipt this Period 19.88

B. Full Name (Last, First, Middle Initial)
DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City MALVERN State PA Zip Code 19355

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552528

Amount of Each Receipt this Period 19.88

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

Mailing Address 472 W. SYCAMORE ST.

City VERNON HILLS State IL Zip Code 60061

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.53

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552198

Amount of Each Receipt this Period 27.24

SUBTOTAL of Receipts This Page (optional) ▶ 67.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.77

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552619

Amount of Each Receipt this Period
27.24

B.

Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.27

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552416

Amount of Each Receipt this Period
31.91

C.

Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.18

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552836

Amount of Each Receipt this Period
31.91

SUBTOTAL of Receipts This Page (optional) ► 91.06

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 59 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 18202 HARNISH RD.

City State Zip Code
ROSCOE IL 61073

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.14

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552284

Amount of Each Receipt this Period
25.42

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

Mailing Address 18202 HARNISH RD.

City State Zip Code
ROSCOE IL 61073

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552705

Amount of Each Receipt this Period
25.42

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

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation AVP-Encompass Finance & D

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.16

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552290

Amount of Each Receipt this Period
23.18

SUBTOTAL of Receipts This Page (optional) ► 74.02

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 60 / 244
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) LAURA DUNNE	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1810 BALMORAL AVE	Transaction ID: A2009-3552711
	City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 23.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Encompass Finance & D Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 301.34	

B.	Full Name (Last, First, Middle Initial) DANIEL P DURBIN	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1311 SOUTH WALNUT AVE.	Transaction ID: A2009-3552310
	City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 29.38
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Senior Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 349.71	

C.	Full Name (Last, First, Middle Initial) DANIEL P DURBIN	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1311 SOUTH WALNUT AVE.	Transaction ID: A2009-3552731
	City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 29.38
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Senior Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 379.09	

SUBTOTAL of Receipts This Page (optional)	▶	81.94
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MATTHEW S EASLEY

Mailing Address 1327 N Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.86

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552202

Amount of Each Receipt this Period
33.93

B.

Full Name (Last, First, Middle Initial)
MATTHEW S EASLEY

Mailing Address 1327 N Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.79

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552623

Amount of Each Receipt this Period
33.93

C.

Full Name (Last, First, Middle Initial)
SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City State Zip Code
WHEATON IL 60187

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.98

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552192

Amount of Each Receipt this Period
20.69

SUBTOTAL of Receipts This Page (optional) ► **88.55**

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 62 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City State Zip Code
WHEATON IL 60187

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.67

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552613

Amount of Each Receipt this Period
20.69

B.

Full Name (Last, First, Middle Initial)
LILLY ENG

Mailing Address 563 PEREGRINE DRIVE

City State Zip Code
PALATINE IL 60067

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.35

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552600

Amount of Each Receipt this Period
16.75

C.

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 445.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552319

Amount of Each Receipt this Period
37.88

SUBTOTAL of Receipts This Page (optional) ► 75.32

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 63 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.44

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552740

Amount of Each Receipt this Period
37.88

B. Full Name (Last, First, Middle Initial)
MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

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

Name of Employer Allstate Insurance Company Occupation AVP Finance Innovation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 639.70

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552061

Amount of Each Receipt this Period
53.75

C. Full Name (Last, First, Middle Initial)
MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

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

Name of Employer Allstate Insurance Company Occupation AVP Finance Innovation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 693.45

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552483

Amount of Each Receipt this Period
53.75

SUBTOTAL of Receipts This Page (optional) ► **145.38**

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

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

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

FOR LINE NUMBER: PAGE 64 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD B ESPINOZA
Mailing Address 673 HASTINGS ROAD

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.20

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552241
Amount of Each Receipt this Period: 32.70

B. Full Name (Last, First, Middle Initial)
RICHARD B ESPINOZA
Mailing Address 673 HASTINGS ROAD

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 422.90

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552662
Amount of Each Receipt this Period: 32.70

C. Full Name (Last, First, Middle Initial)
THOMAS W EVANS
Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 519.76

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552089
Amount of Each Receipt this Period: 43.58

SUBTOTAL of Receipts This Page (optional) ► 108.98

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 65 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) THOMAS W EVANS	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1224 BARCLAY CIRCLE	Transaction ID: A2009-3552510
	City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 43.58
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 563.34	

B.	Full Name (Last, First, Middle Initial) KATHRYN L FABYAN	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 21209 WEST YORKSHIRE DRIVE	Transaction ID: A2009-3552371
	City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 38.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 467.76	

C.	Full Name (Last, First, Middle Initial) KATHRYN L FABYAN	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 21209 WEST YORKSHIRE DRIVE	Transaction ID: A2009-3552792
	City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 38.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 506.74	

SUBTOTAL of Receipts This Page (optional)	▶	121.54
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 66 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 585.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552237

Amount of Each Receipt this Period

49.26

B.

Full Name (Last, First, Middle Initial)
GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 634.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552658

Amount of Each Receipt this Period

49.26

C.

Full Name (Last, First, Middle Initial)
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Occupation
Allstate Insurance Company Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 322.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552347

Amount of Each Receipt this Period

27.10

SUBTOTAL of Receipts This Page (optional)

125.62

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 67 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Occupation
Allstate Insurance Company Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 349.65

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552768

Amount of Each Receipt this Period

27.10

B.

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 306.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552096

Amount of Each Receipt this Period

25.52

C.

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 331.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552517

Amount of Each Receipt this Period

25.52

SUBTOTAL of Receipts This Page (optional) ▶

78.14

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1007 Harris Road

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Occupation
Allstate Insurance Company AVP Distribution Channel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 386.46

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552355

Amount of Each Receipt this Period

32.73

B.

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

Mailing Address 1007 Harris Road

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Occupation
Allstate Insurance Company AVP Distribution Channel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 419.19

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552776

Amount of Each Receipt this Period

32.73

C.

Full Name (Last, First, Middle Initial)
KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Occupation
Allstate Insurance Company AVP State Team

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 469.51

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552231

Amount of Each Receipt this Period

39.53

SUBTOTAL of Receipts This Page (optional)

104.99

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 69 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 509.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552652

Amount of Each Receipt this Period
39.53

B.

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

Mailing Address 1280 WILD ROSE LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.03

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552400

Amount of Each Receipt this Period
18.69

C.

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

Mailing Address 1280 WILD ROSE LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552820

Amount of Each Receipt this Period
18.69

SUBTOTAL of Receipts This Page (optional) ▶ **76.91**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 333 DUNLEER DRIVE

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.98

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552256

Amount of Each Receipt this Period
17.69

B.

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

Mailing Address 333 DUNLEER DRIVE

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.67

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552677

Amount of Each Receipt this Period
17.69

C.

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

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552164

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 75.15

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MATTHEW D FULLER	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 350 EDGE FIELD LANE	Transaction ID: A2009-3552585
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.01

B.	Full Name (Last, First, Middle Initial) ANGELA FUSCO	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 22255 MASHIE CT	Transaction ID: A2009-3552106
	City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 33.28
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.11

C.	Full Name (Last, First, Middle Initial) ANGELA FUSCO	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 22255 MASHIE CT	Transaction ID: A2009-3552527
	City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 33.28
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.39

SUBTOTAL of Receipts This Page (optional)	▶	106.33
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 72 / 244
(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

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 306.28

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552056

Amount of Each Receipt this Period
25.99

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.27

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552478

Amount of Each Receipt this Period
25.99

C. Full Name (Last, First, Middle Initial)
VICTORIA H GAGE-BERNHEIMER

Mailing Address 471 Burnt Ember Lane

City State Zip Code
Buffalo Grove IL 60089

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.45

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552805

Amount of Each Receipt this Period
15.65

SUBTOTAL of Receipts This Page (optional) ► **67.63**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANNA M GALL

Mailing Address 1667 FLAGSTONE DRIVE

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Allstate Insurance Company Occupation Operations Department Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.38

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552610
Amount of Each Receipt this Period: 16.26

B. Full Name (Last, First, Middle Initial)
PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.30

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552110
Amount of Each Receipt this Period: 62.20

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

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 802.50

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552531
Amount of Each Receipt this Period: 62.20

SUBTOTAL of Receipts This Page (optional) ► 140.66

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

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

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

FOR LINE NUMBER: PAGE 74 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JOSEPH E GARNETT
 Mailing Address 507 OLD WALNUT CIRCLE
 City State Zip Code
GURNEE IL 60031
 Date of Receipt
MM / DD / YYYY
06 / 05 / 2009
Transaction ID: A2009-3552065
 Amount of Each Receipt this Period
19.36
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.32

B. Full Name (Last, First, Middle Initial)
JOSEPH E GARNETT
 Mailing Address 507 OLD WALNUT CIRCLE
 City State Zip Code
GURNEE IL 60031
 Date of Receipt
MM / DD / YYYY
06 / 19 / 2009
Transaction ID: A2009-3552487
 Amount of Each Receipt this Period
19.36
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Field Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.68

C. Full Name (Last, First, Middle Initial)
LYNN A GEHANT
 Mailing Address 23W650 WOODWORTH PLACE
 City State Zip Code
ROSELLE IL 60172
 Date of Receipt
MM / DD / YYYY
06 / 05 / 2009
Transaction ID: A2009-3552242
 Amount of Each Receipt this Period
37.52
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Product Operations Direct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.39

SUBTOTAL of Receipts This Page (optional) ► 76.24
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 75 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.91

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552663
Amount of Each Receipt this Period: 37.52

B. Full Name (Last, First, Middle Initial)
NICK GEORGAKOPOULOS

Mailing Address 1129 N Mitchell Ave

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Director FSS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.45

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552266
Amount of Each Receipt this Period: 17.50

C. Full Name (Last, First, Middle Initial)
NICK GEORGAKOPOULOS

Mailing Address 1129 N Mitchell Ave

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Director FSS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.95

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552687
Amount of Each Receipt this Period: 17.50

SUBTOTAL of Receipts This Page (optional) ► 72.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) BONNIE S GILL		Date of Receipt
	Mailing Address 1570 EDGEFIELD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	HOFFMAN ESTATES	IL	60169
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552401
Name of Employer Allstate Insurance Company		Occupation AVP State Team	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 379.52	<input type="text"/> 31.76

B.	Full Name (Last, First, Middle Initial) BONNIE S GILL		Date of Receipt
	Mailing Address 1570 EDGEFIELD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	HOFFMAN ESTATES	IL	60169
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552821
Name of Employer Allstate Insurance Company		Occupation AVP State Team	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 411.28	<input type="text"/> 31.76

C.	Full Name (Last, First, Middle Initial) JOAN GILMORE		Date of Receipt
	Mailing Address 656 S BUCKINGHAM CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	LAKE FOREST	IL	60045
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552062
Name of Employer Allstate Insurance Company		Occupation Claim Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 477.24	<input type="text"/> 39.77

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 103.29
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 517.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552484

Amount of Each Receipt this Period

39.77

B.

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

Mailing Address 124 FLEETS COVE ROAD

City State Zip Code
HUNTINGTON NY 11743

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

Name of Employer Occupation
Allstate Insurance Company Field Product Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552063

Amount of Each Receipt this Period

17.66

C.

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

Mailing Address 124 FLEETS COVE ROAD

City State Zip Code
HUNTINGTON NY 11743

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

Name of Employer Occupation
Allstate Insurance Company Field Product Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 219.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552485

Amount of Each Receipt this Period

18.97

SUBTOTAL of Receipts This Page (optional)

76.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP Administrative Operat

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 339.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552153

Amount of Each Receipt this Period
28.53

B. Full Name (Last, First, Middle Initial)
BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP Administrative Operat

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 368.09

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552574

Amount of Each Receipt this Period
28.53

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

Mailing Address 10 MULBERRY LN

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552205

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 76.94

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 244
(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

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

Mailing Address 10 MULBERRY LN

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552626

Amount of Each Receipt this Period 19.88

B. Full Name (Last, First, Middle Initial)
BRIAN D GORE

Mailing Address 834 Greenwood Dr

City State Zip Code
Lindenhurst IL 60046

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.98

Date of Receipt MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552481

Amount of Each Receipt this Period 16.26

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.15

Date of Receipt MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552447

Amount of Each Receipt this Period 33.45

SUBTOTAL of Receipts This Page (optional) 69.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 431.60

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552867

Amount of Each Receipt this Period
33.45

B.

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

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code
ODESSA FL 33556

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552150

Amount of Each Receipt this Period
19.88

C.

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

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code
ODESSA FL 33556

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552571

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► **73.21**

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 81 / 244
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 50 E. BELLEVUE PL. #2402

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company Occupation Senior Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.79

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552381

Amount of Each Receipt this Period
27.12

B.

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

Mailing Address 50 E. BELLEVUE PL. #2402

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company Occupation Senior Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.91

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552802

Amount of Each Receipt this Period
27.12

C.

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

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Investment Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.32

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552168

Amount of Each Receipt this Period
53.36

SUBTOTAL of Receipts This Page (optional) ► **107.60**

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 82 / 244
(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

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

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Investment Of

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 693.68

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552589

Amount of Each Receipt this Period
53.36

B. Full Name (Last, First, Middle Initial)
ANN M GROSS

Mailing Address 91 STABLE WAY

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552068

Amount of Each Receipt this Period
24.90

C. Full Name (Last, First, Middle Initial)
ANN M GROSS

Mailing Address 91 STABLE WAY

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.90

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552490

Amount of Each Receipt this Period
24.90

SUBTOTAL of Receipts This Page (optional) ► 103.16

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 83 / 244

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

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

Name of Employer Occupation
Allstate Insurance Company Vice President Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 306.21

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552345

Amount of Each Receipt this Period

25.73

B.

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

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

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

Name of Employer Occupation
Allstate Insurance Company Vice President Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 331.94

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552766

Amount of Each Receipt this Period

25.73

C.

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

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
SCOTTSDALE AZ 85254

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.41

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552429

Amount of Each Receipt this Period

19.28

SUBTOTAL of Receipts This Page (optional) ▶

70.74

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 84 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
SCOTTSDALE AZ 85254

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552849

Amount of Each Receipt this Period
19.28

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

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 671.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A2009-3552294

Amount of Each Receipt this Period
56.33

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

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 727.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552715

Amount of Each Receipt this Period
56.33

SUBTOTAL of Receipts This Page (optional) ► **131.94**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 244
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ROBERT F HAIR		Date of Receipt
	Mailing Address 17 NORTH TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552448
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 317.97	<input type="text"/> 26.51

B.	Full Name (Last, First, Middle Initial) ROBERT F HAIR		Date of Receipt
	Mailing Address 17 NORTH TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 19 / 2009
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552868
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 344.48	<input type="text"/> 26.51

C.	Full Name (Last, First, Middle Initial) ROBERT HALPERN-GIVENS		Date of Receipt
	Mailing Address 3001 SUTTON WOODS COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	CRYSTAL LAKE	IL	60012
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552318
Name of Employer Allstate Insurance Company		Occupation Human Resource Senior Man	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.28	<input type="text"/> 17.19

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.21
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 86 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 3001 SUTTON WOODS COURT

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.47

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552739

Amount of Each Receipt this Period 17.19

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

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.81

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552410

Amount of Each Receipt this Period 35.01

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

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.82

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552830

Amount of Each Receipt this Period 35.01

SUBTOTAL of Receipts This Page (optional) ► 87.21

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 87 / 244

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 636 ROSEDALE AVE

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Occupation
Allstate Insurance Company AVP AF Operations & Techn

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 216.22

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552583

Amount of Each Receipt this Period
16.79

B.

Full Name (Last, First, Middle Initial)
DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

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

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Fiel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 822.16

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552160

Amount of Each Receipt this Period
69.38

C.

Full Name (Last, First, Middle Initial)
DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

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

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Fiel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 891.54

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552581

Amount of Each Receipt this Period
69.38

SUBTOTAL of Receipts This Page (optional) ►

155.55

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 88 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.43

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552184

Amount of Each Receipt this Period 25.14

B.

Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.57

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552605

Amount of Each Receipt this Period 25.14

C.

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

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.47

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552374

Amount of Each Receipt this Period 32.96

SUBTOTAL of Receipts This Page (optional) 83.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 244
(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

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

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.43

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552795

Amount of Each Receipt this Period
32.96

B. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1186.17

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552129

Amount of Each Receipt this Period
100.26

C. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1286.43

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552550

Amount of Each Receipt this Period
100.26

SUBTOTAL of Receipts This Page (optional) ► 233.48

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2510 OAK AVENUE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.83

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552693
 Amount of Each Receipt this Period: 15.91

B.

Full Name (Last, First, Middle Initial)
LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

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 Investment Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 542.76

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552455
 Amount of Each Receipt this Period: 45.23

C.

Full Name (Last, First, Middle Initial)
LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

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 Investment Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 587.99

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552875
 Amount of Each Receipt this Period: 45.23

SUBTOTAL of Receipts This Page (optional) ► **106.37**

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 91 / 244

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

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

Name of Employer Occupation
Allstate Insurance Company Market Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 283.61

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552132

Amount of Each Receipt this Period

23.83

B.

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

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

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

Name of Employer Occupation
Allstate Insurance Company Market Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.44

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552553

Amount of Each Receipt this Period

23.83

C.

Full Name (Last, First, Middle Initial)
F M HORD

Mailing Address 1101 S. State Street 1002

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation
Allstate Insurance Company Claims Service Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.14

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552176

Amount of Each Receipt this Period

31.52

SUBTOTAL of Receipts This Page (optional) ▶

79.18

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) F M HORD	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1101 S. State Street 1002	Transaction ID: A2009-3552597
	City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 31.52
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claims Service Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 406.66	

B.	Full Name (Last, First, Middle Initial) MARY L HUBER	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1532 NORTH BELMONT AVE.	Transaction ID: A2009-3552368
	City State Zip Code ARLINGTON HTS. IL 60004	Amount of Each Receipt this Period 19.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.56	

C.	Full Name (Last, First, Middle Initial) MARY L HUBER	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1532 NORTH BELMONT AVE.	Transaction ID: A2009-3552789
	City State Zip Code ARLINGTON HTS. IL 60004	Amount of Each Receipt this Period 19.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.44	

SUBTOTAL of Receipts This Page (optional)	71.28
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1225 N. BURGANDY TRAIL

City JACKSONVILLE State FL Zip Code 32259

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.03

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552533
Amount of Each Receipt this Period: 15.61

B.

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

Mailing Address 21558 W GOLDFINCH CT

City KILDEER State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.03

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552269
Amount of Each Receipt this Period: 47.74

C.

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

Mailing Address 21558 W GOLDFINCH CT

City KILDEER State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 614.77

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552690
Amount of Each Receipt this Period: 47.74

SUBTOTAL of Receipts This Page (optional) ► 111.09

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 94 / 244
(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

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.64

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552223

Amount of Each Receipt this Period
29.27

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.91

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552644

Amount of Each Receipt this Period
29.27

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

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 965.01

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552206

Amount of Each Receipt this Period
81.08

SUBTOTAL of Receipts This Page (optional) ► 139.62

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 95 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Occupation
Allstate Insurance Company Vice President Technology

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1046.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552627

Amount of Each Receipt this Period

81.08

B.

Full Name (Last, First, Middle Initial)
BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
Altamonte Springs FL 32714

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

Name of Employer Occupation
Allstate Insurance Company Regional Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552420

Amount of Each Receipt this Period

21.50

C.

Full Name (Last, First, Middle Initial)
BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
Altamonte Springs FL 32714

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

Name of Employer Occupation
Allstate Insurance Company Regional Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 277.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552840

Amount of Each Receipt this Period

21.50

SUBTOTAL of Receipts This Page (optional)

124.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.75

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552199

Amount of Each Receipt this Period
33.50

B.

Full Name (Last, First, Middle Initial)
JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.25

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552620

Amount of Each Receipt this Period
33.50

C.

Full Name (Last, First, Middle Initial)
JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.01

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552066

Amount of Each Receipt this Period
19.73

SUBTOTAL of Receipts This Page (optional) ► **86.73**

TOTAL This Period (last page this line 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 97 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.74

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552488

Amount of Each Receipt this Period
19.73

B.

Full Name (Last, First, Middle Initial)
TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.69

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552779

Amount of Each Receipt this Period
16.78

C.

Full Name (Last, First, Middle Initial)
TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
PALATINE IL 60067

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

Name of Employer Allstate Insurance Company Occupation Vice President & General

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 987.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552264

Amount of Each Receipt this Period
82.25

SUBTOTAL of Receipts This Page (optional) ► **118.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
PALATINE IL 60067

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

Name of Employer Allstate Insurance Company Occupation Vice President & General

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1069.25

Date of Receipt / /
Transaction ID: A2009-3552685
 Amount of Each Receipt this Period 82.25

B. Full Name (Last, First, Middle Initial)
DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.00

Date of Receipt / /
Transaction ID: A2009-3552295
 Amount of Each Receipt this Period 39.75

C. Full Name (Last, First, Middle Initial)
DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 516.75

Date of Receipt / /
Transaction ID: A2009-3552716
 Amount of Each Receipt this Period 39.75

SUBTOTAL of Receipts This Page (optional) ► 161.75

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 598.89

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552049

Amount of Each Receipt this Period
50.32

B.

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

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 649.21

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552471

Amount of Each Receipt this Period
50.32

C.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 472.14

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552201

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **140.41**

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 100 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 511.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552622

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 303.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A2009-3552251

Amount of Each Receipt this Period
25.41

C.

Full Name (Last, First, Middle Initial)
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 329.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552672

Amount of Each Receipt this Period
25.41

SUBTOTAL of Receipts This Page (optional) ► **90.59**

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

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

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

FOR LINE NUMBER: PAGE 101 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Audit Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.22

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552117

Amount of Each Receipt this Period
18.66

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

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Audit Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 239.88

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552538

Amount of Each Receipt this Period
18.66

C. Full Name (Last, First, Middle Initial)
ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City State Zip Code
EVANSTON IL 60201

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.23

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552334

Amount of Each Receipt this Period
19.59

SUBTOTAL of Receipts This Page (optional) ► 56.91

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ANNE I KIM	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1580 SHERMAN AVE # 201	Transaction ID: A2009-3552755
	City State Zip Code EVANSTON IL 60201	Amount of Each Receipt this Period 19.59
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.82

B.	Full Name (Last, First, Middle Initial) JAMES P KING	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 592 TURNER AVENUE	Transaction ID: A2009-3552326
	City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 36.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.60

C.	Full Name (Last, First, Middle Initial) JAMES P KING	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 592 TURNER AVENUE	Transaction ID: A2009-3552747
	City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 36.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.15

SUBTOTAL of Receipts This Page (optional)	92.69
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2050 GLENDALE AVE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.72

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552407
 Amount of Each Receipt this Period: 30.91

B.

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

Mailing Address 2050 GLENDALE AVE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.63

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552827
 Amount of Each Receipt this Period: 30.91

C.

Full Name (Last, First, Middle Initial)
GARY L KOCHANEK

Mailing Address 743 CARDIGAN CT

City NAPERVILLE State IL Zip Code 60565

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.40

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552208
 Amount of Each Receipt this Period: 32.70

SUBTOTAL of Receipts This Page (optional) ► 94.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) GARY L KOCHANЕК	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 743 CARDIGAN CT	Transaction ID: A2009-3552629
	City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Finance Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.10

B.	Full Name (Last, First, Middle Initial) JOANNE L KRON	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 341 N FIORE PARKWAY	Transaction ID: A2009-3552204
	City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 477.24

C.	Full Name (Last, First, Middle Initial) JOANNE L KRON	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 341 N FIORE PARKWAY	Transaction ID: A2009-3552625
	City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 517.01

SUBTOTAL of Receipts This Page (optional)	▶	112.24
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAIKRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.85

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552325

Amount of Each Receipt this Period
30.90

B.

Full Name (Last, First, Middle Initial)
JAIKRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.75

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552746

Amount of Each Receipt this Period
30.90

C.

Full Name (Last, First, Middle Initial)
MICHAEL A LAMONICA

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 828.44

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552255

Amount of Each Receipt this Period
69.32

SUBTOTAL of Receipts This Page (optional) ► **131.12**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHAEL A LAMONICA

Mailing Address 20580 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 Vice President Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 897.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552676

Amount of Each Receipt this Period

69.32

B.

Full Name (Last, First, Middle Initial)
DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
CHICAGO IL 60605

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

Name of Employer Occupation
Allstate Insurance Company Human Resource Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 238.56

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552177

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)
DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
CHICAGO IL 60605

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

Name of Employer Occupation
Allstate Insurance Company Human Resource Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 258.44

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552598

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional) ▶

109.08

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 927.48

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552414

Amount of Each Receipt this Period
78.24

B.

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

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.72

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552834

Amount of Each Receipt this Period
78.24

C.

Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 740.05

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552450

Amount of Each Receipt this Period
62.30

SUBTOTAL of Receipts This Page (optional) ► **218.78**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MICHELLE LEE	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1404 100TH AVENUE NE	Transaction ID: A2009-3552870
	City State Zip Code BELLEVUE WA 98004	Amount of Each Receipt this Period 62.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Field Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 802.35	

B.	Full Name (Last, First, Middle Initial) SUSAN L LEES	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1705 DARTMOUTH LN	Transaction ID: A2009-3552048
	City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 28.99
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.98	

C.	Full Name (Last, First, Middle Initial) SUSAN L LEES	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1705 DARTMOUTH LN	Transaction ID: A2009-3552470
	City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 28.99
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 369.97	

SUBTOTAL of Receipts This Page (optional)	▶	120.28
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ANDREW P LEICHT

Mailing Address 2318 Coach Rd.

City State Zip Code
Long Grove IL 60047

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

Name of Employer Allstate Insurance Company Occupation Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.30

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552213

Amount of Each Receipt this Period
26.54

B.

Full Name (Last, First, Middle Initial)
ANDREW P LEICHT

Mailing Address 2318 Coach Rd.

City State Zip Code
Long Grove IL 60047

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

Name of Employer Allstate Insurance Company Occupation Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 386.84

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552634

Amount of Each Receipt this Period
26.54

C.

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

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.60

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552279

Amount of Each Receipt this Period
21.80

SUBTOTAL of Receipts This Page (optional) ► **74.88**

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 110 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.40

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552700
Amount of Each Receipt this Period: 21.80

B. Full Name (Last, First, Middle Initial)
KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.54

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552431
Amount of Each Receipt this Period: 19.37

C. Full Name (Last, First, Middle Initial)
KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.91

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552851
Amount of Each Receipt this Period: 19.37

SUBTOTAL of Receipts This Page (optional) ▶ 60.54

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: (check only one)	PAGE 112 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) RICHARD E LOTT	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 4666 SW HAMMOCK CREEK DR	Transaction ID: A2009-3552570
	City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 17.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.28

B.	Full Name (Last, First, Middle Initial) JOHN C LOUNDS	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 4424 STONEHAVEN	Transaction ID: A2009-3552356
	City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 38.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Product AF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.74

C.	Full Name (Last, First, Middle Initial) JOHN C LOUNDS	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 4424 STONEHAVEN	Transaction ID: A2009-3552777
	City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 38.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Product AF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.42

SUBTOTAL of Receipts This Page (optional)	94.37
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 113 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
SCHAUMBURG IL 60193

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.61

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552282

Amount of Each Receipt this Period
19.88

B.

Full Name (Last, First, Middle Initial)
COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code
SCHAUMBURG IL 60193

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 257.49

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552703

Amount of Each Receipt this Period
19.88

C.

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

Mailing Address 343 S. DEARBORN ST., APT. 504

City State Zip Code
CHICAGO IL 60604

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.28

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552307

Amount of Each Receipt this Period
33.14

SUBTOTAL of Receipts This Page (optional) ► **72.90**

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 114 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 343 S. DEARBORN ST., APT. 504

City State Zip Code
CHICAGO IL 60604

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.42

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552728

Amount of Each Receipt this Period
33.14

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

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 353.77

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552367

Amount of Each Receipt this Period
29.96

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

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 383.73

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552788

Amount of Each Receipt this Period
29.96

SUBTOTAL of Receipts This Page (optional) ► 93.06

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 115 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.24

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552069

Amount of Each Receipt this Period
39.77

B.

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

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 517.01

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552491

Amount of Each Receipt this Period
39.77

C.

Full Name (Last, First, Middle Initial)
KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.45

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552349

Amount of Each Receipt this Period
19.95

SUBTOTAL of Receipts This Page (optional) ► 99.49

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: (check only one)	PAGE 116 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) KATHERINE MALCOMSON	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 185 NILES EAST	Transaction ID: A2009-3552770
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.95
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Education and Technology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.40	

B.	Full Name (Last, First, Middle Initial) DENISE MANDIGO	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 38727 N DREXEL	Transaction ID: A2009-3552624
	City State Zip Code ANTIOCH IL 60002	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.55	

C.	Full Name (Last, First, Middle Initial) KENNETH P MARCOTTE	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 2311 HAVERTON DR	Transaction ID: A2009-3552217
	City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 19.36
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Finance Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.47	

SUBTOTAL of Receipts This Page (optional)	55.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) KENNETH P MARCOTTE		Date of Receipt	
	Mailing Address 2311 HAVERTON DR		M M / D D / Y Y Y Y Y 06 / 19 / 2009	
	City	State	Zip Code	Transaction ID: A2009-3552638
	MUNDELEIN	IL	60060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.36	
Name of Employer Allstate Insurance Company		Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.83		

B.	Full Name (Last, First, Middle Initial) MICHAEL P MARK		Date of Receipt	
	Mailing Address 3178 HAVEN LANE		M M / D D / Y Y Y Y Y 06 / 05 / 2009	
	City	State	Zip Code	Transaction ID: A2009-3552285
	LINDENHURST	IL	60046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.67	
Name of Employer Allstate Insurance Company		Occupation CC IT Senior Planning Con		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 452.04		

C.	Full Name (Last, First, Middle Initial) MICHAEL P MARK		Date of Receipt	
	Mailing Address 3178 HAVEN LANE		M M / D D / Y Y Y Y Y 06 / 19 / 2009	
	City	State	Zip Code	Transaction ID: A2009-3552706
	LINDENHURST	IL	60046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.67	
Name of Employer Allstate Insurance Company		Occupation CC IT Senior Planning Con		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 489.71		

SUBTOTAL of Receipts This Page (optional)	▶	94.70
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Rhonda J Masser	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 856 SPRINGHILL CT	Transaction ID: A2009-3552183
	City State Zip Code ELGIN IL 60120	Amount of Each Receipt this Period 17.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.83	

B.	Full Name (Last, First, Middle Initial) Rhonda J Masser	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 856 SPRINGHILL CT	Transaction ID: A2009-3552604
	City State Zip Code ELGIN IL 60120	Amount of Each Receipt this Period 17.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.92	

C.	Full Name (Last, First, Middle Initial) JOHN R MATHEWS	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 401 E NORTH AVENUE	Transaction ID: A2009-3552308
	City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 19.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.56	

SUBTOTAL of Receipts This Page (optional)	54.06
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 119 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
LAKE BLUFF IL 60044

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552729

Amount of Each Receipt this Period
19.88

B.

Full Name (Last, First, Middle Initial)
W. D Mays

Mailing Address 1804 Prairie St

City State Zip Code
Glenview IL 60025

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.02

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552128

Amount of Each Receipt this Period
19.31

C.

Full Name (Last, First, Middle Initial)
W. D Mays

Mailing Address 1804 Prairie St

City State Zip Code
Glenview IL 60025

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.33

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552549

Amount of Each Receipt this Period
19.31

SUBTOTAL of Receipts This Page (optional) ► **58.50**

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 120 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

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

Name of Employer Occupation
Allstate Insurance Company Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 943.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552293

Amount of Each Receipt this Period

79.28

B.

Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

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

Name of Employer Occupation
Allstate Insurance Company Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1022.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552714

Amount of Each Receipt this Period

79.28

C.

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552240

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

198.32

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 121 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 516.88

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552661

Amount of Each Receipt this Period
39.76

B.

Full Name (Last, First, Middle Initial)
BRIAN D MCCLELLAN

Mailing Address 1330 Berkshire Ln

City State Zip Code
Grayslake IL 60030

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.02

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552710

Amount of Each Receipt this Period
16.14

C.

Full Name (Last, First, Middle Initial)
JOSEPH P MCCORMICK

Mailing Address 808 PARKDALE CT.

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552536

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional) ► **72.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 279.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552432

Amount of Each Receipt this Period

23.71

B.

Full Name (Last, First, Middle Initial)
MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 303.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552852

Amount of Each Receipt this Period

23.71

C.

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

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 419.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552427

Amount of Each Receipt this Period

35.11

SUBTOTAL of Receipts This Page (optional)

82.53

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 244
(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
							17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
EVAM MCINTEE

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 454.68

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552847

Amount of Each Receipt this Period
35.11

B.

Full Name (Last, First, Middle Initial)
MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City State Zip Code
Parker CO 80134

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.17

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552123

Amount of Each Receipt this Period
25.61

C.

Full Name (Last, First, Middle Initial)
MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City State Zip Code
Parker CO 80134

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.78

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552544

Amount of Each Receipt this Period
25.61

SUBTOTAL of Receipts This Page (optional) ► 86.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 3133 N. Walker Lane West

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552857

Amount of Each Receipt this Period
16.35

B.

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

Mailing Address 83 Arcadia Lane

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552158

Amount of Each Receipt this Period
23.45

C.

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

Mailing Address 83 Arcadia Lane

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552579

Amount of Each Receipt this Period
23.45

SUBTOTAL of Receipts This Page (optional) ▶ **63.25**

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

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

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

FOR LINE NUMBER: PAGE 125 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
TENA MELFI

Mailing Address 333 E Woodland Rd

City State Zip Code
Lake Bluff IL 60044

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 ▼ 238.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552462

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
TENA MELFI

Mailing Address 333 E Woodland Rd

City State Zip Code
Lake Bluff IL 60044

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 ▼ 258.44

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552882

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.96

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552064

Amount of Each Receipt this Period
34.68

SUBTOTAL of Receipts This Page (optional) ► **74.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.64

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552486

Amount of Each Receipt this Period
34.68

B.

Full Name (Last, First, Middle Initial)
HANS H METZINGER

Mailing Address 407 E. CLAIRE LANE

City State Zip Code
PROSPECT HTS IL 60070

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

Name of Employer Allstate Insurance Company Occupation Sales Support Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552696

Amount of Each Receipt this Period
16.35

C.

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

Mailing Address 1328 FOREVER AVE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.23

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552070

Amount of Each Receipt this Period
17.29

SUBTOTAL of Receipts This Page (optional) ► 68.32

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 127 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JOHN W MICHELI
Mailing Address 1328 FOREVER AVE
City LIBERTYVILLE State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 223.52
Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552492
Amount of Each Receipt this Period 17.29

B. Full Name (Last, First, Middle Initial)
FREDERICK J MILLER
Mailing Address 6975 MEADOW POINT TER
City NEW MARKET State MD Zip Code 21774
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Regional EB Leader
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 313.79
Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552173
Amount of Each Receipt this Period 26.47

C. Full Name (Last, First, Middle Initial)
FREDERICK J MILLER
Mailing Address 6975 MEADOW POINT TER
City NEW MARKET State MD Zip Code 21774
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Regional EB Leader
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.26
Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552594
Amount of Each Receipt this Period 26.47

SUBTOTAL of Receipts This Page (optional) ► 70.23
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: PAGE 128 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1011 Redwood Drive

City State Zip Code
ALGONQUIN IL 60102

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552342

Amount of Each Receipt this Period
22.52

B.

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

Mailing Address 1011 Redwood Drive

City State Zip Code
ALGONQUIN IL 60102

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 289.76

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552763

Amount of Each Receipt this Period
22.52

C.

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

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552151

Amount of Each Receipt this Period
27.02

SUBTOTAL of Receipts This Page (optional) ► 72.06

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 129 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 25264 MCINTYRE SQUARE

City SOUTH RIDING State VA Zip Code 20152

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.26

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552572

Amount of Each Receipt this Period
27.02

B.

Full Name (Last, First, Middle Initial)
APRIL A MINKUS

Mailing Address 1056 GREENTREE Ave.

City DEERFIELD State IL Zip Code 60015

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.23

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552689

Amount of Each Receipt this Period
15.83

C.

Full Name (Last, First, Middle Initial)
ALLISON L MOE

Mailing Address 215 Brampton 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 Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.58

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552245

Amount of Each Receipt this Period
17.34

SUBTOTAL of Receipts This Page (optional) ► 60.19

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial) ALLISON L MOE		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 215 Brampton Lane		Transaction ID: A2009-3552666
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.34
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.92	

B.

Full Name (Last, First, Middle Initial) MARCIE E MOLEK		Date of Receipt MM / DD / YYYY 06 / 05 / 2009
Mailing Address 400 KEVIN LANE		Transaction ID: A2009-3552225
City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.64
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.13	

C.

Full Name (Last, First, Middle Initial) MARCIE E MOLEK		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 400 KEVIN LANE		Transaction ID: A2009-3552646
City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.64
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.77	

SUBTOTAL of Receipts This Page (optional)	▶	64.62
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 131 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 19702 88TH AVE W

City State Zip Code
EDMONDS WA 98026

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

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552856

Amount of Each Receipt this Period
16.35

B.

Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.12

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552311

Amount of Each Receipt this Period
39.76

C.

Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 516.88

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552732

Amount of Each Receipt this Period
39.76

SUBTOTAL of Receipts This Page (optional) ► **95.87**

TOTAL This Period (last page this line 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 132 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Research Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.20

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552220

Amount of Each Receipt this Period
28.35

B.

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

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Research Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 368.55

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552641

Amount of Each Receipt this Period
28.35

C.

Full Name (Last, First, Middle Initial)
MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 393.64

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552121

Amount of Each Receipt this Period
33.27

SUBTOTAL of Receipts This Page (optional) ► 89.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3552542
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 33.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 426.91	

B.	Full Name (Last, First, Middle Initial) MICHAEL F MULVIHILL	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3552209
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 39.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 464.28	

C.	Full Name (Last, First, Middle Initial) MICHAEL F MULVIHILL	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3552630
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 39.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 503.37	

SUBTOTAL of Receipts This Page (optional)	111.45
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 134 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1908 N. Silver Lake Road

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552398

Amount of Each Receipt this Period
39.77

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

Mailing Address 1908 N. Silver Lake Road

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.01

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552818

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
LINDA J MYERS

Mailing Address 3105 Pheasant Creek Drive

City State Zip Code
Northbrook IL 60062

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

Name of Employer Allstate Insurance Company Occupation Senior Tax Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.51

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552808

Amount of Each Receipt this Period
16.32

SUBTOTAL of Receipts This Page (optional) ► 95.86

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

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

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

FOR LINE NUMBER: PAGE 135 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 655.70

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552332

Amount of Each Receipt this Period 55.92

B. Full Name (Last, First, Middle Initial)
DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Vice President & Deputy G

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 711.62

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552753

Amount of Each Receipt this Period 55.92

C. Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City SCHAUMBURG State IL Zip Code 60194

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.40

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552234

Amount of Each Receipt this Period 37.95

SUBTOTAL of Receipts This Page (optional) ► 149.79

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
SCHAUMBURG IL 60194

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 493.35

Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552655

Amount of Each Receipt this Period 37.95

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

Mailing Address 650 MALIBOU

City State Zip Code
PALATINE IL 60074

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.08

Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552309

Amount of Each Receipt this Period 19.84

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

Mailing Address 650 MALIBOU

City State Zip Code
PALATINE IL 60074

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.92

Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552730

Amount of Each Receipt this Period 19.84

SUBTOTAL of Receipts This Page (optional) 77.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) DANIEL C NECASTRO</p> <p>Mailing Address 22622 N. LINDEN DR</p> <hr/> <p>City State Zip Code LAKE BARRINGTON IL 60010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Vice President Technology</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1384.28</p>	<p>Date of Receipt MM / DD / YYYY 06 / 05 / 2009</p> <p>Transaction ID: A2009-3552194</p> <p>Amount of Each Receipt this Period 116.54</p>
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<p>B. Full Name (Last, First, Middle Initial) DANIEL C NECASTRO</p> <p>Mailing Address 22622 N. LINDEN DR</p> <hr/> <p>City State Zip Code LAKE BARRINGTON IL 60010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Vice President Technology</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.82</p>	<p>Date of Receipt MM / DD / YYYY 06 / 19 / 2009</p> <p>Transaction ID: A2009-3552615</p> <p>Amount of Each Receipt this Period 116.54</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) PATRICK K NOLL</p> <p>Mailing Address 22451 THORNBURY CT</p> <hr/> <p>City State Zip Code DEER PARK IL 60010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Vice President Human Reso</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 642.96</p>	<p>Date of Receipt MM / DD / YYYY 06 / 05 / 2009</p> <p>Transaction ID: A2009-3552399</p> <p>Amount of Each Receipt this Period 54.13</p>
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SUBTOTAL of Receipts This Page (optional)	287.21
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 138 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Human Reso

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 697.09

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552819

Amount of Each Receipt this Period
54.13

B.

Full Name (Last, First, Middle Initial)
THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 367.06

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552327

Amount of Each Receipt this Period
30.78

C.

Full Name (Last, First, Middle Initial)
THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 397.84

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552748

Amount of Each Receipt this Period
30.78

SUBTOTAL of Receipts This Page (optional) ► **115.69**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.12

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552458
Amount of Each Receipt this Period: 26.51

B. Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 344.63

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552878
Amount of Each Receipt this Period: 26.51

C. Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.41

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552466
Amount of Each Receipt this Period: 64.73

SUBTOTAL of Receipts This Page (optional) ► 117.75

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

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

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

FOR LINE NUMBER: PAGE 140 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 835.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552886

Amount of Each Receipt this Period
64.73

B. Full Name (Last, First, Middle Initial)
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 234.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A2009-3552185

Amount of Each Receipt this Period
19.74

C. Full Name (Last, First, Middle Initial)
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 253.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552606

Amount of Each Receipt this Period
19.74

SUBTOTAL of Receipts This Page (optional) ► **104.21**

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 141 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code
MOUNT PROSPECT IL 60056

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552723

Amount of Each Receipt this Period
16.35

B.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 352.09

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552082

Amount of Each Receipt this Period
29.52

C.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.61

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552503

Amount of Each Receipt this Period
29.52

SUBTOTAL of Receipts This Page (optional) ► **75.39**

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 142 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANGELA P O'TOOLE

Mailing Address 611 SILVER BERRY DRIVE

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.77

Date of Receipt: MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552688

Amount of Each Receipt this Period: 16.34

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

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 472.14

Date of Receipt: MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552300

Amount of Each Receipt this Period: 39.67

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

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 511.81

Date of Receipt: MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552721

Amount of Each Receipt this Period: 39.67

SUBTOTAL of Receipts This Page (optional) ► 95.68

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KATHY A OLCESE

Mailing Address 133 S. Mitchell

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.55

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552175

Amount of Each Receipt this Period
25.10

B. Full Name (Last, First, Middle Initial)
KATHY A OLCESE

Mailing Address 133 S. Mitchell

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.65

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552596

Amount of Each Receipt this Period
25.10

C. Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 821.03

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552389

Amount of Each Receipt this Period
69.29

SUBTOTAL of Receipts This Page (optional) ► **119.49**

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 144 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 890.32

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552809

Amount of Each Receipt this Period
69.29

B.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 503.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552157

Amount of Each Receipt this Period
42.37

C.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 545.61

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552578

Amount of Each Receipt this Period
42.37

SUBTOTAL of Receipts This Page (optional) ► 154.03

TOTAL This Period (last page this line 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 145 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552116

Amount of Each Receipt this Period
39.77

B. Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.01

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552537

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552236

Amount of Each Receipt this Period
31.24

SUBTOTAL of Receipts This Page (optional) ► **110.78**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 406.12

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552657

Amount of Each Receipt this Period 31.24

B.

Full Name (Last, First, Middle Initial)
CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation General Vice President Em

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 905.82

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552105

Amount of Each Receipt this Period 76.26

C.

Full Name (Last, First, Middle Initial)
CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation General Vice President Em

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 982.08

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552526

Amount of Each Receipt this Period 76.26

SUBTOTAL of Receipts This Page (optional) 183.76

TOTAL This Period (last page this line 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 147 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.92

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552276

Amount of Each Receipt this Period
30.16

B.

Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.08

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552697

Amount of Each Receipt this Period
30.16

C.

Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 608.65

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552074

Amount of Each Receipt this Period
51.55

SUBTOTAL of Receipts This Page (optional) ► **111.87**

TOTAL This Period (last page this line 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 148 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) FLORIE S PERELLIS	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1480 MINTHAVEN RD	Transaction ID: A2009-3552496
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 51.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 660.20	

B.	Full Name (Last, First, Middle Initial) NANCY A PERRY	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 3575 CALDERWOOD DR	Transaction ID: A2009-3552298
	City State Zip Code ROCKFORD IL 61114	Amount of Each Receipt this Period 19.29
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 227.03	

C.	Full Name (Last, First, Middle Initial) NANCY A PERRY	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 3575 CALDERWOOD DR	Transaction ID: A2009-3552719
	City State Zip Code ROCKFORD IL 61114	Amount of Each Receipt this Period 19.29
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Human Resource Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.32	

SUBTOTAL of Receipts This Page (optional)	90.13
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 6727 N Sioux Ave

City State Zip Code
CHICAGO IL 60646

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

Name of Employer: Allstate Insurance Company
Occupation: Allstate Financial Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.08

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552439
Amount of Each Receipt this Period: 30.09

B. Full Name (Last, First, Middle Initial)
JOHN M PETERS

Mailing Address 6727 N Sioux Ave

City State Zip Code
CHICAGO IL 60646

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

Name of Employer: Allstate Insurance Company
Occupation: Allstate Financial Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
387.17

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552859
Amount of Each Receipt this Period: 30.09

C. Full Name (Last, First, Middle Initial)
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer: Allstate Insurance Company
Occupation: CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.37

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552457
Amount of Each Receipt this Period: 30.91

SUBTOTAL of Receipts This Page (optional) ► **91.09**

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 150 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.28

Date of Receipt: MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552877

Amount of Each Receipt this Period: 30.91

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

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 607.22

Date of Receipt: MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552073

Amount of Each Receipt this Period: 50.81

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

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 658.03

Date of Receipt: MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552495

Amount of Each Receipt this Period: 50.81

SUBTOTAL of Receipts This Page (optional) ► **132.53**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

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

Name of Employer Occupation
Allstate Insurance Company Vice President Finance -

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 845.58

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552193

Amount of Each Receipt this Period

71.19

B.

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

Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

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

Name of Employer Occupation
Allstate Insurance Company Vice President Finance -

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 916.77

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552614

Amount of Each Receipt this Period

71.19

C.

Full Name (Last, First, Middle Initial)
Mark D Pitchford

Mailing Address 653 Hinman Ave

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation
Allstate Insurance Company VP Direct Distribution

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 784.47

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552461

Amount of Each Receipt this Period

65.91

SUBTOTAL of Receipts This Page (optional)

208.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Mark D Pitchford

Mailing Address 653 Hinman Ave

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation
Allstate Insurance Company VP Direct Distribution

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.38

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552881

Amount of Each Receipt this Period

65.91

B.

Full Name (Last, First, Middle Initial)
DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 560.31

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552067

Amount of Each Receipt this Period

47.08

C.

Full Name (Last, First, Middle Initial)
DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 607.39

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552489

Amount of Each Receipt this Period

47.08

SUBTOTAL of Receipts This Page (optional) ▶

160.07

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 153 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
DEER PARK IL 60010

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

Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.60

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552329

Amount of Each Receipt this Period
21.80

B. Full Name (Last, First, Middle Initial)
THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
DEER PARK IL 60010

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

Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.40

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552750

Amount of Each Receipt this Period
21.80

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

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.14

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552451

Amount of Each Receipt this Period
32.32

SUBTOTAL of Receipts This Page (optional) ► 75.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 412.46

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552871

Amount of Each Receipt this Period
32.32

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552354

Amount of Each Receipt this Period
39.77

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.01

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552775

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 111.86

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

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

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

FOR LINE NUMBER: PAGE 155 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 359 STAFFORD COURT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 697.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552165

Amount of Each Receipt this Period
58.13

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

Mailing Address 359 STAFFORD COURT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 755.69

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552586

Amount of Each Receipt this Period
58.13

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

Mailing Address 441 KELLY LANE

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 532.37

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552053

Amount of Each Receipt this Period
44.91

SUBTOTAL of Receipts This Page (optional) ▶ **161.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 577.28

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552475

Amount of Each Receipt this Period
44.91

B.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 441.72

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552249

Amount of Each Receipt this Period
37.26

C.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 478.98

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552670

Amount of Each Receipt this Period
37.26

SUBTOTAL of Receipts This Page (optional) ► **119.43**

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

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

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

FOR LINE NUMBER: PAGE 157 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 309.11

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552045
Amount of Each Receipt this Period: 26.23

B. Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.34

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552467
Amount of Each Receipt this Period: 26.23

C. Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON

Mailing Address 4968 Astor Court

City State Zip Code
Long Grove IL 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-Protection Distributi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 956.01

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552108
Amount of Each Receipt this Period: 81.28

SUBTOTAL of Receipts This Page (optional) ► 133.74

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 158 / 244
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JOSEPH J RICHARDSON		Date of Receipt
	Mailing Address 4968 Astor Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	Long Grove	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552529
Name of Employer Allstate Insurance Company		Occupation SVP-Protection Distributi	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 81.28
		<input type="text"/> 1037.29	

B.	Full Name (Last, First, Middle Initial) ROBIN R RICHMOND		Date of Receipt
	Mailing Address 9 HAWTHORN GROVE CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552320
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 26.97
		<input type="text"/> 320.34	

C.	Full Name (Last, First, Middle Initial) ROBIN R RICHMOND		Date of Receipt
	Mailing Address 9 HAWTHORN GROVE CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3552741
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 26.97
		<input type="text"/> 347.31	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 135.22
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) DANIEL J RIVERA	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1632 OLD BARN CIRCLE	Transaction ID: A2009-3552393
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 85.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1031.52

B.	Full Name (Last, First, Middle Initial) DANIEL J RIVERA	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1632 OLD BARN CIRCLE	Transaction ID: A2009-3552813
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 85.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1117.48

C.	Full Name (Last, First, Middle Initial) MARIO RIZZO	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 5926 W. 90TH PLACE	Transaction ID: A2009-3552253
	City State Zip Code OAK LAWN IL 60453	Amount of Each Receipt this Period 46.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Finance and Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.06

SUBTOTAL of Receipts This Page (optional)	218.25
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 160 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

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

Name of Employer Allstate Insurance Company Occupation AVP Finance and Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 593.39

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552674
Amount of Each Receipt this Period: 46.33

B. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road

City State Zip Code
Northbrook IL 60062

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 426.72

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552445
Amount of Each Receipt this Period: 35.56

C. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road

City State Zip Code
Northbrook IL 60062

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.28

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552865
Amount of Each Receipt this Period: 35.56

SUBTOTAL of Receipts This Page (optional) ► 117.45

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code
South Euclid OH 44121

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

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.09

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552102

Amount of Each Receipt this Period
23.72

B.

Full Name (Last, First, Middle Initial)
DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code
South Euclid OH 44121

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

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.81

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552523

Amount of Each Receipt this Period
23.72

C.

Full Name (Last, First, Middle Initial)
TED ROBERTS

Mailing Address 62 Bart Drive

City State Zip Code
Canton CT 06019

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.84

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552413

Amount of Each Receipt this Period
30.32

SUBTOTAL of Receipts This Page (optional) ► **77.76**

TOTAL This Period (last page this line 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 162 / 244
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
TED ROBERTS

Mailing Address 62 Bart Drive

City State Zip Code
Canton CT 06019

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.16

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552833

Amount of Each Receipt this Period
30.32

B.

Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

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

Name of Employer Allstate Insurance Company Occupation SVP-P-CCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1185.88

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552265

Amount of Each Receipt this Period
99.64

C.

Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

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

Name of Employer Allstate Insurance Company Occupation SVP-P-CCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1285.52

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552686

Amount of Each Receipt this Period
99.64

SUBTOTAL of Receipts This Page (optional) ► 229.60

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 163 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 477.24

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552188

Amount of Each Receipt this Period
39.77

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

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.01

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552609

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Stra

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.71

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552260

Amount of Each Receipt this Period
33.53

SUBTOTAL of Receipts This Page (optional) ► **113.07**

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 164 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Stra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.24

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552681

Amount of Each Receipt this Period
33.53

B.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.55

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552299

Amount of Each Receipt this Period
37.21

C.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.76

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552720

Amount of Each Receipt this Period
37.21

SUBTOTAL of Receipts This Page (optional) ► **107.95**

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 165 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
LINCOLNSHIRE IL 60069

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

Name of Employer Allstate Insurance Company Occupation President Property & Casu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.99

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552316

Amount of Each Receipt this Period
147.12

B.

Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
LINCOLNSHIRE IL 60069

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

Name of Employer Allstate Insurance Company Occupation President Property & Casu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1898.11

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552737

Amount of Each Receipt this Period
147.12

C.

Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

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

Name of Employer Allstate Insurance Company Occupation Managing Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.60

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552097

Amount of Each Receipt this Period
21.80

SUBTOTAL of Receipts This Page (optional) ► **316.04**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 244
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

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

Name of Employer Allstate Insurance Company Occupation Managing Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.40

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552518

Amount of Each Receipt this Period
21.80

B.

Full Name (Last, First, Middle Initial)
PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.24

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552186

Amount of Each Receipt this Period
39.77

C.

Full Name (Last, First, Middle Initial)
PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 517.01

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552607

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 101.34

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 167 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.85

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552167

Amount of Each Receipt this Period
29.35

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

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.20

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552588

Amount of Each Receipt this Period
29.35

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

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 361.49

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552303

Amount of Each Receipt this Period
30.37

SUBTOTAL of Receipts This Page (optional) ► 89.07

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 168 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.86

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552724

Amount of Each Receipt this Period
30.37

B.

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

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP HR Shared Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 643.92

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552099

Amount of Each Receipt this Period
54.21

C.

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

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP HR Shared Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 698.13

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552520

Amount of Each Receipt this Period
54.21

SUBTOTAL of Receipts This Page (optional) ► **138.79**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City State Zip Code
Flemington NJ 08822

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.07

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552402

Amount of Each Receipt this Period
19.06

B.

Full Name (Last, First, Middle Initial)
DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City State Zip Code
Flemington NJ 08822

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.13

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552822

Amount of Each Receipt this Period
19.06

C.

Full Name (Last, First, Middle Initial)
DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.67

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552230

Amount of Each Receipt this Period
24.86

SUBTOTAL of Receipts This Page (optional) ► **62.98**

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 170 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 319.53

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552651

Amount of Each Receipt this Period
24.86

B.

Full Name (Last, First, Middle Initial)
MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City State Zip Code
Scottsdale AZ 85262

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.67

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552433

Amount of Each Receipt this Period
18.96

C.

Full Name (Last, First, Middle Initial)
MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City State Zip Code
Scottsdale AZ 85262

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.63

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552853

Amount of Each Receipt this Period
18.96

SUBTOTAL of Receipts This Page (optional) ▶ **62.78**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 171 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City State Zip Code
Phoenixville PA 19460

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 571.54

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552366

Amount of Each Receipt this Period
48.02

B.

Full Name (Last, First, Middle Initial)
DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City State Zip Code
Phoenixville PA 19460

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 619.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552787

Amount of Each Receipt this Period
48.02

C.

Full Name (Last, First, Middle Initial)
ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552501

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional) ► **112.39**

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 172 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2 E. Erie #1506

City State Zip Code
Chicago IL 60611

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.23

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552292

Amount of Each Receipt this Period
41.19

B.

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

Mailing Address 2 E. Erie #1506

City State Zip Code
Chicago IL 60611

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 531.42

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552713

Amount of Each Receipt this Period
41.19

C.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation VP & CFO Allstate Investm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 997.03

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552259

Amount of Each Receipt this Period
83.94

SUBTOTAL of Receipts This Page (optional) ► **166.32**

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 173 / 244
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation VP & CFO Allstate Investm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.97

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552680

Amount of Each Receipt this Period
83.94

B.

Full Name (Last, First, Middle Initial)
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552181

Amount of Each Receipt this Period
19.88

C.

Full Name (Last, First, Middle Initial)
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552602

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 123.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 244
	<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.	Full Name (Last, First, Middle Initial) DENIS C SHUNTA		Date of Receipt
	Mailing Address 5200 RIDGEGATE WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	FAIR OAKS	CA	95628
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552344
Name of Employer Allstate Insurance Company		Occupation Field Product Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 261.60	<input type="text"/> 21.80

B.	Full Name (Last, First, Middle Initial) DENIS C SHUNTA		Date of Receipt
	Mailing Address 5200 RIDGEGATE WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	FAIR OAKS	CA	95628
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552765
Name of Employer Allstate Insurance Company		Occupation Field Product Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 283.40	<input type="text"/> 21.80

C.	Full Name (Last, First, Middle Initial) ROBERT L SIMMONS		Date of Receipt
	Mailing Address 418 DEUCE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	WALL	NJ	07719
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552090
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 359.32	<input type="text"/> 30.31

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 73.91
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 389.63

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552511

Amount of Each Receipt this Period

30.31

B.

Full Name (Last, First, Middle Initial)
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 453.76

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552418

Amount of Each Receipt this Period

38.28

C.

Full Name (Last, First, Middle Initial)
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 492.04

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552838

Amount of Each Receipt this Period

38.28

SUBTOTAL of Receipts This Page (optional)

106.87

TOTAL This Period (last page this line 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 176 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANNE E SIMPSON
 Mailing Address 632 ONWENTSIA AVENUE
 City State Zip Code
 HIGHLAND PARK IL 60035
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 9
Transaction ID: A2009-3552191
 Amount of Each Receipt this Period
 26.51
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Tax Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.12

B. Full Name (Last, First, Middle Initial)
ANNE E SIMPSON
 Mailing Address 632 ONWENTSIA AVENUE
 City State Zip Code
 HIGHLAND PARK IL 60035
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9
Transaction ID: A2009-3552612
 Amount of Each Receipt this Period
 26.51
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Tax Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.63

C. Full Name (Last, First, Middle Initial)
JOHN G SINNICKI
 Mailing Address 2117 CARROLL CREEK VIEW CT
 City State Zip Code
 FREDERICK MD 21702
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 9
Transaction ID: A2009-3552152
 Amount of Each Receipt this Period
 22.38
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.61

SUBTOTAL of Receipts This Page (optional) ► 75.40
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 244
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
FREDERICK MD 21702

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.99

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552573

Amount of Each Receipt this Period
22.38

B.

Full Name (Last, First, Middle Initial)
DAVID W SKEATH

Mailing Address 608 Brooking Court

City State Zip Code
Lake Villa IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.17

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552459

Amount of Each Receipt this Period
19.51

C.

Full Name (Last, First, Middle Initial)
DAVID W SKEATH

Mailing Address 608 Brooking Court

City State Zip Code
Lake Villa IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.68

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552879

Amount of Each Receipt this Period
19.51

SUBTOTAL of Receipts This Page (optional) ► **61.40**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE
Mailing Address 378 N. VISTA AVE
City LOMBARD State IL Zip Code 60148
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Claim Reserve Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 477.24
Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552281
Amount of Each Receipt this Period 39.77

B. Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE
Mailing Address 378 N. VISTA AVE
City LOMBARD State IL Zip Code 60148
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Claim Reserve Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 517.01
Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552702
Amount of Each Receipt this Period 39.77

C. Full Name (Last, First, Middle Initial)
BENJAMIN M SMITH
Mailing Address 1008 CHESAPEAKE BLVD
City GRAYSLAKE State IL Zip Code 60030
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Agency Education Consulta
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.37
Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552560
Amount of Each Receipt this Period 15.49

SUBTOTAL of Receipts This Page (optional) ► 95.03
TOTAL This Period (last page this line 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 179 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.41

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552370

Amount of Each Receipt this Period
34.03

B.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.44

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552791

Amount of Each Receipt this Period
34.03

C.

Full Name (Last, First, Middle Initial)
ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Inside Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.68

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552095

Amount of Each Receipt this Period
23.14

SUBTOTAL of Receipts This Page (optional) ► **91.20**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Inside Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.82

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552516

Amount of Each Receipt this Period
23.14

B. Full Name (Last, First, Middle Initial)
J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP and President Broker D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 741.86

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552261

Amount of Each Receipt this Period
62.33

C. Full Name (Last, First, Middle Initial)
J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP and President Broker D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 804.19

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552682

Amount of Each Receipt this Period
62.33

SUBTOTAL of Receipts This Page (optional) ► 147.80

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KENNETH D SMITH

Mailing Address 619 N, HUMPHREY AVE.

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.04

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552717

Amount of Each Receipt this Period
16.13

B.

Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.03

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552408

Amount of Each Receipt this Period
30.79

C.

Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.82

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552828

Amount of Each Receipt this Period
30.79

SUBTOTAL of Receipts This Page (optional) ► 77.71

TOTAL This Period (last page this line 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 182 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 948.96

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552357

Amount of Each Receipt this Period
79.73

B. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1028.69

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552778

Amount of Each Receipt this Period
79.73

C. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 394.24

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552324

Amount of Each Receipt this Period
33.52

SUBTOTAL of Receipts This Page (optional) ► 192.98

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 183 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President Accounting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 427.76

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552745

Amount of Each Receipt this Period

33.52

B.

Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Human Resource Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 444.01

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552114

Amount of Each Receipt this Period

37.53

C.

Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Human Resource Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 481.54

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552535

Amount of Each Receipt this Period

37.53

SUBTOTAL of Receipts This Page (optional)

108.58

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER
Mailing Address 20 LAKESIDE LANE
City N. BARRINGTON State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 332.20
Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552315
Amount of Each Receipt this Period 27.80

B. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER
Mailing Address 20 LAKESIDE LANE
City N. BARRINGTON State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552736
Amount of Each Receipt this Period 27.80

C. Full Name (Last, First, Middle Initial)
MARY SPRINGBERG
Mailing Address 4745 KINGS WAY - NORTH
City GURNEE State IL Zip Code 60031
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 554.14
Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552170
Amount of Each Receipt this Period 47.47

SUBTOTAL of Receipts This Page (optional) ► 103.07
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 185 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 601.61

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552591

Amount of Each Receipt this Period

47.47

B.

Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 482.88

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552138

Amount of Each Receipt this Period

40.49

C.

Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 523.37

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552559

Amount of Each Receipt this Period

40.49

SUBTOTAL of Receipts This Page (optional)

128.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 471.22

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552148
 Amount of Each Receipt this Period: 39.46

B.

Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.68

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552569
 Amount of Each Receipt this Period: 39.46

C.

Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.95

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552145
 Amount of Each Receipt this Period: 25.59

SUBTOTAL of Receipts This Page (optional) ► 104.51

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 187 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 329.54

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552566

Amount of Each Receipt this Period
25.59

B. Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.92

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552046

Amount of Each Receipt this Period
26.46

C. Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.38

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552468

Amount of Each Receipt this Period
26.46

SUBTOTAL of Receipts This Page (optional) ► 78.51

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 188 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Auditing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 676.77

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552196

Amount of Each Receipt this Period
56.86

B.

Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Auditing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 733.63

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552617

Amount of Each Receipt this Period
56.86

C.

Full Name (Last, First, Middle Initial)
KIMBERLY A SYME

Mailing Address 1609 SURRIDGE CT

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.08

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552214

Amount of Each Receipt this Period
25.84

SUBTOTAL of Receipts This Page (optional) ► **139.56**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) KIMBERLY A SYME	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1609 SURRIDGE CT	Transaction ID: A2009-3552635
	City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 25.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.92	

B.	Full Name (Last, First, Middle Initial) JERROLD S SZOSTAK	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1064 W GLENN TRAIL	Transaction ID: A2009-3552235
	City State Zip Code ELK GROVE IL 60007	Amount of Each Receipt this Period 38.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claim Reserve Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 463.68	

C.	Full Name (Last, First, Middle Initial) JERROLD S SZOSTAK	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1064 W GLENN TRAIL	Transaction ID: A2009-3552656
	City State Zip Code ELK GROVE IL 60007	Amount of Each Receipt this Period 38.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claim Reserve Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 502.32	

SUBTOTAL of Receipts This Page (optional)	▶	103.12
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CARL J TACKETT

Mailing Address 307 WENDRON COURT

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Regional Financial Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 209.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552628

Amount of Each Receipt this Period
16.18

B. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Corporate Security

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 278.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A2009-3552088

Amount of Each Receipt this Period
23.46

C. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Corporate Security

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 301.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: A2009-3552509

Amount of Each Receipt this Period
23.46

SUBTOTAL of Receipts This Page (optional) ► **63.10**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City HOUSTON State TX Zip Code 77088

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.58

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552394
Amount of Each Receipt this Period: 23.79

B. Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City HOUSTON State TX Zip Code 77088

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.37

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552814
Amount of Each Receipt this Period: 23.79

C. Full Name (Last, First, Middle Initial)
LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City LAKE BLUFF State IL Zip Code 60044

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552866
Amount of Each Receipt this Period: 16.35

SUBTOTAL of Receipts This Page (optional) ► 63.93

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 192 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2009

Transaction ID: A2009-3552134

Amount of Each Receipt this Period
19.20

B. Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2009

Transaction ID: A2009-3552555

Amount of Each Receipt this Period
19.20

C. Full Name (Last, First, Middle Initial)
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City State Zip Code
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2009

Transaction ID: A2009-3552438

Amount of Each Receipt this Period
19.20

SUBTOTAL of Receipts This Page (optional) ► **57.60**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 244
(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.

Full Name (Last, First, Middle Initial)
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City State Zip Code
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.90

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552858

Amount of Each Receipt this Period
19.20

B.

Full Name (Last, First, Middle Initial)
SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.79

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552806

Amount of Each Receipt this Period
16.28

C.

Full Name (Last, First, Middle Initial)
MICHAEL A THOMAS

Mailing Address 604 BRIER STREET

City State Zip Code
KENILWORTH IL 60043

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552456

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 55.36

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: PAGE 194 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHAEL A THOMAS

Mailing Address 604 BRIER STREET

City State Zip Code
KENILWORTH IL 60043

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Real Estate and Facilitie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552876

Amount of Each Receipt this Period
19.88

B.

Full Name (Last, First, Middle Initial)
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
CHICAGO IL 60649

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.20

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552238

Amount of Each Receipt this Period
31.54

C.

Full Name (Last, First, Middle Initial)
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
CHICAGO IL 60649

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.74

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552659

Amount of Each Receipt this Period
31.54

SUBTOTAL of Receipts This Page (optional) ► **82.96**

TOTAL This Period (last page this line 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 195 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MARK L THOMPSON	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 3233 N RACINE #2	Transaction ID: A2009-3552403
	City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 26.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Product Non-Standard Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 321.69	

B.	Full Name (Last, First, Middle Initial) MARK L THOMPSON	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 3233 N RACINE #2	Transaction ID: A2009-3552823
	City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 26.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Product Non-Standard Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 348.61	

C.	Full Name (Last, First, Middle Initial) WILLIAM J THOMPSON	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1104 Spruce Run Drive	Transaction ID: A2009-3552135
	City State Zip Code Roanoke TX 76262	Amount of Each Receipt this Period 40.07
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.04	

SUBTOTAL of Receipts This Page (optional)	93.91
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City State Zip Code
Roanoke TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 515.11

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552556

Amount of Each Receipt this Period

40.07

B.

Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Procurement Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 238.56

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552212

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Procurement Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 258.44

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552633

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

79.83

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 197 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 492.90

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552422

Amount of Each Receipt this Period 41.56

B. Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 534.46

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552842

Amount of Each Receipt this Period 41.56

C. Full Name (Last, First, Middle Initial)
ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Strategic Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.34

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552250

Amount of Each Receipt this Period 29.67

SUBTOTAL of Receipts This Page (optional) ► 112.79

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Strategic Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.01

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552671

Amount of Each Receipt this Period
29.67

B.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 573.10

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552382

Amount of Each Receipt this Period
48.25

C.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 621.35

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552803

Amount of Each Receipt this Period
48.25

SUBTOTAL of Receipts This Page (optional) ► **126.17**

TOTAL This Period (last page this line 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 199 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.61

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552072

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.84

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552494

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552442

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► 58.34

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 200 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City LIBERTYVILLE State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552862

Amount of Each Receipt this Period 19.88

B.

Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City INVERNESS State IL Zip Code 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.08

Date of Receipt 06 / 05 / 2009

Transaction ID: A2009-3552257

Amount of Each Receipt this Period 56.59

C.

Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City INVERNESS State IL Zip Code 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.67

Date of Receipt 06 / 19 / 2009

Transaction ID: A2009-3552678

Amount of Each Receipt this Period 56.59

SUBTOTAL of Receipts This Page (optional) ► **133.06**

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 201 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) HELEN K VAN DAAL		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address 1300 LONGVALLEY RD.		Transaction ID: A2009-3552200		
	City GLENVIEW	State IL	Zip Code 60025	Amount of Each Receipt this Period 19.62	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Finance Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.44			

B.	Full Name (Last, First, Middle Initial) HELEN K VAN DAAL		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 1300 LONGVALLEY RD.		Transaction ID: A2009-3552621		
	City GLENVIEW	State IL	Zip Code 60025	Amount of Each Receipt this Period 19.62	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Finance Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.06			

C.	Full Name (Last, First, Middle Initial) JOHN W VAN ETTEN		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address 924 W. Gordon Terrace #3		Transaction ID: A2009-3552306		
	City Chicago	State IL	Zip Code 60613	Amount of Each Receipt this Period 24.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Frontline Process Expert			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 266.10			

SUBTOTAL of Receipts This Page (optional)	▶	63.94
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.60

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552727

Amount of Each Receipt this Period
26.50

B.

Full Name (Last, First, Middle Initial)
WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.40

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552195

Amount of Each Receipt this Period
32.70

C.

Full Name (Last, First, Middle Initial)
WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.10

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552616

Amount of Each Receipt this Period
32.70

SUBTOTAL of Receipts This Page (optional) ► 91.90

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 203 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) PATRICIA C VANLAMMEREN</p> <p>Mailing Address 2800 Birchwood Avenue</p> <p>City State Zip Code Wilmette IL 60091</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Vice President Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1696.16</p>	<p>Date of Receipt 06 / 05 / 2009</p> <p>Transaction ID: A2009-3552417</p> <p>Amount of Each Receipt this Period 57.72</p>
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<p>B. Full Name (Last, First, Middle Initial) PATRICIA C VANLAMMEREN</p> <p>Mailing Address 2800 Birchwood Avenue</p> <p>City State Zip Code Wilmette IL 60091</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Vice President Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1753.88</p>	<p>Date of Receipt 06 / 19 / 2009</p> <p>Transaction ID: A2009-3552837</p> <p>Amount of Each Receipt this Period 57.72</p>
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<p>C. Full Name (Last, First, Middle Initial) BILL VASIOGAMBROS</p> <p>Mailing Address 1309 S. PINE AVE</p> <p>City State Zip Code ARLINGTON HTS. IL 60005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company Occupation Field Operations Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 206.39</p>	<p>Date of Receipt 06 / 05 / 2009</p> <p>Transaction ID: A2009-3552331</p> <p>Amount of Each Receipt this Period 17.27</p>
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SUBTOTAL of Receipts This Page (optional)	132.71
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BILL VASIOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.66

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552752

Amount of Each Receipt this Period
17.27

B. Full Name (Last, First, Middle Initial)
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 476.44

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552187

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.21

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552608

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 96.81

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Vice President & Treasure

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 858.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552084

Amount of Each Receipt this Period

72.57

B.

Full Name (Last, First, Middle Initial)
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Vice President & Treasure

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 931.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552505

Amount of Each Receipt this Period

72.57

C.

Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

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-Corporate Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 606.47

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552454

Amount of Each Receipt this Period

51.06

SUBTOTAL of Receipts This Page (optional)

196.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation SVP-Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 657.53

Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552874
 Amount of Each Receipt this Period 51.06

B. Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.16

Date of Receipt 06 / 05 / 2009
Transaction ID: A2009-3552163
 Amount of Each Receipt this Period 28.43

C. Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.59

Date of Receipt 06 / 19 / 2009
Transaction ID: A2009-3552584
 Amount of Each Receipt this Period 28.43

SUBTOTAL of Receipts This Page (optional) 107.92

TOTAL This Period (last page this line 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 207 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation General Vice President Em

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 761.52

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552147

Amount of Each Receipt this Period
63.46

B. Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation General Vice President Em

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 824.98

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552568

Amount of Each Receipt this Period
63.46

C. Full Name (Last, First, Middle Initial)
THOMAS M WARDEN

Mailing Address 770 Bair Island Road #200

City State Zip Code
Redwood City CA 94063

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Research Center

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 411.62

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552159

Amount of Each Receipt this Period
34.86

SUBTOTAL of Receipts This Page (optional) ► **161.78**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) THOMAS M WARDEN	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 770 Bair Island Road #200	Transaction ID: A2009-3552580
	City State Zip Code Redwood City CA 94063	Amount of Each Receipt this Period 34.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Research Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 446.48	

B.	Full Name (Last, First, Middle Initial) EDWIN L WASINGER JR, Jr.	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 6245 MURIFIELD DRIVE	Transaction ID: A2009-3552328
	City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 37.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Product Operations Direct Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 445.39	

C.	Full Name (Last, First, Middle Initial) EDWIN L WASINGER JR, Jr.	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 6245 MURIFIELD DRIVE	Transaction ID: A2009-3552749
	City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 37.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Product Operations Direct Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 482.96	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN A WATSON

Mailing Address 10227 Thurston Groves Blvd.

City State Zip Code
Seminole FL 33778

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552846

Amount of Each Receipt this Period
16.35

B.

Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.07

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552406

Amount of Each Receipt this Period
33.01

C.

Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.08

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552826

Amount of Each Receipt this Period
33.01

SUBTOTAL of Receipts This Page (optional) ► **82.37**

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: (check only one)	PAGE 210 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ROBERT J WHITE	Date of Receipt
	Mailing Address 909 STILLWATER COURT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City State Zip Code WESTON FL 33327	Transaction ID: A2009-3552101
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 34.87
	Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 418.44	

B.	Full Name (Last, First, Middle Initial) ROBERT J WHITE	Date of Receipt
	Mailing Address 909 STILLWATER COURT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City State Zip Code WESTON FL 33327	Transaction ID: A2009-3552522
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 34.87
	Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 453.31	

C.	Full Name (Last, First, Middle Initial) SAMUEL W WHITEMAN	Date of Receipt
	Mailing Address 47 Park View Ln	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City State Zip Code Hawthorn Woods IL 60047	Transaction ID: A2009-3552395
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 34.50
	Name of Employer Allstate Insurance Company Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 409.75	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 104.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 444.25

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552815
Amount of Each Receipt this Period: 34.50

B.

Full Name (Last, First, Middle Initial)
CYNTHIA A WHITFIELD

Mailing Address 1818 N. Crenshaw Circle

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 236.59

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552087
Amount of Each Receipt this Period: 19.86

C.

Full Name (Last, First, Middle Initial)
CYNTHIA A WHITFIELD

Mailing Address 1818 N. Crenshaw Circle

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 256.45

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552508
Amount of Each Receipt this Period: 19.86

SUBTOTAL of Receipts This Page (optional) ▶ 74.22

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 473.89

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552137

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 513.66

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552558

Amount of Each Receipt this Period
39.77

C.

Full Name (Last, First, Middle Initial)
ROB WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.48

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552169

Amount of Each Receipt this Period
21.79

SUBTOTAL of Receipts This Page (optional) ► 101.33

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROB WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.27

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552590
Amount of Each Receipt this Period: 21.79

B. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 402.38

Date of Receipt: 06 / 05 / 2009
Transaction ID: A2009-3552210
Amount of Each Receipt this Period: 33.94

C. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 436.32

Date of Receipt: 06 / 19 / 2009
Transaction ID: A2009-3552631
Amount of Each Receipt this Period: 33.94

SUBTOTAL of Receipts This Page (optional) ▶ 89.67

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 244
	<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.	Full Name (Last, First, Middle Initial) ANISE D WILEY-LITTLE	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 21030 W YORKSHIRE DR	Transaction ID: A2009-3552423
	City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 48.13
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Chief Diversity Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.16	

B.	Full Name (Last, First, Middle Initial) ANISE D WILEY-LITTLE	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 21030 W YORKSHIRE DR	Transaction ID: A2009-3552843
	City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 48.13
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Chief Diversity Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 623.29	

C.	Full Name (Last, First, Middle Initial) JAMES L WILLCOX	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1562 Sienna Oak Court	Transaction ID: A2009-3552140
	City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 22.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Market Claim Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.75	

SUBTOTAL of Receipts This Page (optional)	119.01
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JAMES L WILLCOX	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1562 Sienna Oak Court	Transaction ID: A2009-3552561
	City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 22.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Market Claim Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 293.50	

B.	Full Name (Last, First, Middle Initial) JEFFREY W WILLIAMS	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 7104 CHARDON COURT	Transaction ID: A2009-3552239
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 39.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 479.16	

C.	Full Name (Last, First, Middle Initial) JEFFREY W WILLIAMS	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 7104 CHARDON COURT	Transaction ID: A2009-3552660
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 39.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 519.09	

SUBTOTAL of Receipts This Page (optional)	▶	102.61
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 216 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
THOMAS J WILSON
 Mailing Address 2024 N. MOHAWK
 City State Zip Code
 CHICAGO IL 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2935.44
 Date of Receipt M M / D D / Y Y Y Y Y
 06 / 05 / 2009
Transaction ID: A2009-3552352
 Amount of Each Receipt this Period 244.62

B. Full Name (Last, First, Middle Initial)
THOMAS J WILSON
 Mailing Address 2024 N. MOHAWK
 City State Zip Code
 CHICAGO IL 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3180.06
 Date of Receipt M M / D D / Y Y Y Y Y
 06 / 19 / 2009
Transaction ID: A2009-3552773
 Amount of Each Receipt this Period 244.62

C. Full Name (Last, First, Middle Initial)
KURT L WINTER
 Mailing Address 1403 N. WALNUT
 City State Zip Code
 ARLINGTON HGHTS IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.16
 Date of Receipt M M / D D / Y Y Y Y Y
 06 / 05 / 2009
Transaction ID: A2009-3552452
 Amount of Each Receipt this Period 17.33

SUBTOTAL of Receipts This Page (optional) ► 506.57
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KURT L WINTER
 Mailing Address 1403 N. WALNUT
 City State Zip Code
 ARLINGTON HGHTS IL 60004
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9
Transaction ID: A2009-3552872
 Amount of Each Receipt this Period
 17.33
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 223.49

B. Full Name (Last, First, Middle Initial)
RONALD W WINTER
 Mailing Address 2908 GREY HERON CT.
 City State Zip Code
 JOHNSBURG IL 60050
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 9
Transaction ID: A2009-3552323
 Amount of Each Receipt this Period
 17.46
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CC IT Systems Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.22

C. Full Name (Last, First, Middle Initial)
RONALD W WINTER
 Mailing Address 2908 GREY HERON CT.
 City State Zip Code
 JOHNSBURG IL 60050
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9
Transaction ID: A2009-3552744
 Amount of Each Receipt this Period
 17.46
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CC IT Systems Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.68

SUBTOTAL of Receipts This Page (optional) ► 52.25
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.51

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552317

Amount of Each Receipt this Period
19.88

B.

Full Name (Last, First, Middle Initial)
BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.39

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552738

Amount of Each Receipt this Period
19.88

C.

Full Name (Last, First, Middle Initial)
ANGELA K WOIROL

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 Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 373.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552396

Amount of Each Receipt this Period
31.54

SUBTOTAL of Receipts This Page (optional) ► 71.30

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANGELA K WOIROL

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 Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.42

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552816

Amount of Each Receipt this Period
31.54

B. Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.51

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552086

Amount of Each Receipt this Period
33.43

C. Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 428.94

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552507

Amount of Each Receipt this Period
33.43

SUBTOTAL of Receipts This Page (optional) ► 98.40

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Product Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 433.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552415

Amount of Each Receipt this Period
36.30

B.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Product Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: A2009-3552835

Amount of Each Receipt this Period
36.30

C.

Full Name (Last, First, Middle Initial)
DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City State Zip Code
CHICAGO IL 60660

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.91

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2009-3552125

Amount of Each Receipt this Period
16.91

SUBTOTAL of Receipts This Page (optional) ► 89.51

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 221 / 244
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City State Zip Code
CHICAGO IL 60660

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.82

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552546

Amount of Each Receipt this Period
16.91

B. Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.43

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552215

Amount of Each Receipt this Period
36.44

C. Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 471.87

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552636

Amount of Each Receipt this Period
36.44

SUBTOTAL of Receipts This Page (optional) ► 89.79

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) FLOYD M YAGER		Date of Receipt
	Mailing Address 1610 BIRCH LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	PARK RIDGE	IL	60068
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552280
Name of Employer Allstate Insurance Company		Occupation VP Knowledge Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 630.22	<input type="text"/> 52.90

B.	Full Name (Last, First, Middle Initial) FLOYD M YAGER		Date of Receipt
	Mailing Address 1610 BIRCH LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	PARK RIDGE	IL	60068
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552701
Name of Employer Allstate Insurance Company		Occupation VP Knowledge Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 683.12	<input type="text"/> 52.90

C.	Full Name (Last, First, Middle Initial) LORI J YELVINGTON		Date of Receipt
	Mailing Address 1531 N HIGHLAND AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	ARLINGTON HGTS.	IL	60004
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3552288
Name of Employer Allstate Insurance Company		Occupation Vice President Procuremen	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 640.58	<input type="text"/> 54.04

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 159.84
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 244
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
ARLINGTON HGTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Procuremen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 694.62

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552709

Amount of Each Receipt this Period
54.04

B. Full Name (Last, First, Middle Initial)
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 506.88

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552216

Amount of Each Receipt this Period
42.59

C. Full Name (Last, First, Middle Initial)
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 549.47

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552637

Amount of Each Receipt this Period
42.59

SUBTOTAL of Receipts This Page (optional) ► **139.22**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1298.74

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552453

Amount of Each Receipt this Period
109.12

B.

Full Name (Last, First, Middle Initial)
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1407.86

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552873

Amount of Each Receipt this Period
109.12

C.

Full Name (Last, First, Middle Initial)
PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Director of Flight Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.75

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552244

Amount of Each Receipt this Period
19.55

SUBTOTAL of Receipts This Page (optional) ► **237.79**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 244
	<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.	Full Name (Last, First, Middle Initial) PHILLIP C YOUNG	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 2181 APPLE HILL LANE	Transaction ID: A2009-3552665
	City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 19.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Director of Flight Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 251.30	

B.	Full Name (Last, First, Middle Initial) MARY E ZAGORSKI	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 2609 N PINE AVE	Transaction ID: A2009-3552278
	City State Zip Code ARLINGTON HEIGHTS IL 60004	Amount of Each Receipt this Period 35.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 417.65	

C.	Full Name (Last, First, Middle Initial) MARY E ZAGORSKI	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 2609 N PINE AVE	Transaction ID: A2009-3552699
	City State Zip Code ARLINGTON HEIGHTS IL 60004	Amount of Each Receipt this Period 35.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 452.95	

SUBTOTAL of Receipts This Page (optional)	▶	90.15
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 244
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) RICHARD M ZAHARIAS	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1439 STEVENSON DRIVE	Transaction ID: A2009-3552369
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 67.29
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: AVP Allstate Life Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 807.48	

B.	Full Name (Last, First, Middle Initial) RICHARD M ZAHARIAS	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1439 STEVENSON DRIVE	Transaction ID: A2009-3552790
	City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 67.29
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: AVP Allstate Life Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 874.77	

C.	Full Name (Last, First, Middle Initial) PAUL K ZIGTERMAN	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 236 SOUTH RIVERSIDE DRIVE	Transaction ID: A2009-3552337
	City State Zip Code VILLA PARK IL 60181	Amount of Each Receipt this Period 19.85
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.60	

SUBTOTAL of Receipts This Page (optional)	154.43
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 244
(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
							17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
VILLA PARK IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 257.45

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552758

Amount of Each Receipt this Period
19.85

B.

Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR, Jr.

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.99

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: A2009-3552361

Amount of Each Receipt this Period
38.32

C.

Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR, Jr.

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.31

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: A2009-3552782

Amount of Each Receipt this Period
38.32

SUBTOTAL of Receipts This Page (optional) ► 96.49

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: (check only one)	PAGE 228 / 244
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JERRY D ZINKULA	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 920 CEDAR LANE	Transaction ID: A2009-3552404
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 22.12
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.44	

B.	Full Name (Last, First, Middle Initial) JERRY D ZINKULA	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 920 CEDAR LANE	Transaction ID: A2009-3552824
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 22.12
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.56	

C.	Full Name (Last, First, Middle Initial) CARLA D ZUNIGA	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 2189 N. BEAVER CREEK DRIVE	Transaction ID: A2009-3552421
	City VERNON HILLS State IL Zip Code 60061	Amount of Each Receipt this Period 22.78
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.01	

SUBTOTAL of Receipts This Page (optional)	67.02
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 229 / 244
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.79

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552841

Amount of Each Receipt this Period
22.78

B.

Full Name (Last, First, Middle Initial)
J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.97

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2009

Transaction ID: A2009-3552412

Amount of Each Receipt this Period
36.26

C.

Full Name (Last, First, Middle Initial)
J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 469.23

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: A2009-3552832

Amount of Each Receipt this Period
36.26

SUBTOTAL of Receipts This Page (optional) ► **95.30**

TOTAL This Period (last page this line number only) ► **24515.79**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 244
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Georgians for Cagle Inc.

Mailing Address 3301 Buckeye Road - Ste. 209

City	State	Zip Code
Atlanta	GA	30341

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Receipt For: 2010	Aggregate Year-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼
	2295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	9

Transaction ID: A7780

Amount of Each Receipt this Period

2295.00

Refund from NonFed. Cmte

SUBTOTAL of Receipts This Page (optional)	▶	2295.00
TOTAL This Period (last page this line number only)	▶	2295.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 231 / 244

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
June 2009 bank charge
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼
Not Applicable

Transaction ID: B269646
Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

101.89

SUBTOTAL of Disbursements This Page (optional)

101.89

TOTAL This Period (last page this line number only)

101.89

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Himes for Congress</p> <p>Mailing Address 50 E Street SE Suite 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 04</p>	<p>Transaction ID: B269194 Date of Disbursement: 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Carper for Senate</p> <p>Mailing Address 426 C Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tom Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: DE District:</p>	<p>Transaction ID: B267597 Date of Disbursement: 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Debbie Halvorson for Congress</p> <p>Mailing Address PO Box 176</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Debbie Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 11</p>	<p>Transaction ID: B267598 Date of Disbursement: 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 233 / 244

<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

<p>A. Full Name (Last, First, Middle Initial) Gutierrez for Congress</p> <p>Mailing Address 3163 W. Belmont Unit 608</p> <p>City Chicago State IL Zip Code 60618</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Luis Gutierrez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 04</p>	<p>Transaction ID: B268555 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	9		2	0	0	9													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Barney Frank for Congress</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 04</p>	<p>Transaction ID: B267830 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	8		2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 4201 Northview Drive Suite 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Steny H Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 05</p>	<p>Transaction ID: B267599 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	0	9													
1500.00																						

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 234 / 244

<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

A.

Full Name (Last, First, Middle Initial)
Dave Camp for Congress

Mailing Address 2501 Wisconsin Ave. NW #304

City Washington State DC Zip Code 20007

Purpose of Disbursement
Contribution

Candidate Name
Dave Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B268935

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

8500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 235 / 244

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Taxfighters for Anderson 2010 - 1314220

Mailing Address 8130 La Mesa Blvd #202

City La Mesa State CA Zip Code 91941

Purpose of Disbursement
P-2010 State House 77 CA

Candidate Name
Joel Anderson

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B267600
Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Adams for Assembly 2010 ID# 1293649

Mailing Address PO Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
P-2010 State House 59 CA

Candidate Name
Anthony Adams

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B268201
Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Fiona Ma for Assembly 2010 ID#1313995

Mailing Address 1127 11th Street Suite 606

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2010 State House 12 CA

Candidate Name
Fiona Ma

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B268202
Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Anthony Portantino 2010</p> <p>Mailing Address 1127 11th Street Suite 505</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement P-2010 State House 44 CA</p> <p>Candidate Name Anthony Portantino</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268203</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Solorio for Assembly 2010 ID#1314073</p> <p>Mailing Address P.O. Box 26063</p> <p>City Santa Ana State CA Zip Code 92709</p> <p>Purpose of Disbursement P-2010 State House 69 CA</p> <p>Candidate Name Jose Solorio</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268199</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Re-Elect Strickland for Senate 2012</p> <p>Mailing Address 603 E. Alton Avenue Suite H</p> <p>City Santa Ana State CA Zip Code 92705</p> <p>Purpose of Disbursement P-2012 State Senate 19 CA</p> <p>Candidate Name Tony Strickland</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268204</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Swanson for Assembly 2010 ID#1313422</p> <p>Mailing Address 770 L Street #950</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement P-2010 State House 16 CA</p> <p>Candidate Name Sandre Swanson</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268205 Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Torres for Assembly 2010 ID# 1313989</p> <p>Mailing Address 8072 Warner Avenue</p> <p>City Huntington Beach State CA Zip Code 92647</p> <p>Purpose of Disbursement P-2010 State House 61 CA</p> <p>Candidate Name Norma Torres</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268200 Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Doug La Malfa Cmte Senate 2010 #1293102</p> <p>Mailing Address P.O. Box 471</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement P-2010 State Senate 4 CA</p> <p>Candidate Name Doug La Malfa</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268271 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 238 / 244

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Ronald Calderon for Senate 2010-1292883

Mailing Address 770 L Street #950

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2010 State Senate 30 CA

011
Category/
Type

Candidate Name
Ronald Calderon

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B269196

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

900.00

B. Full Name (Last, First, Middle Initial)
Ronald Calderon for Senate 2010-1292883

Mailing Address 770 L Street #950

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
G-2010 State Senate 30 CA

011
Category/
Type

Candidate Name
Ronald Calderon

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B269197

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

600.00

C. Full Name (Last, First, Middle Initial)
Citizens for Sullivan

Mailing Address 209 North Lincoln Ave.

City Mundelein State IL Zip Code 60060

Purpose of Disbursement
P-2010 State House 51 IL

011
Category/
Type

Candidate Name
Ed Sullivan

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B269198

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Citizens to Elect Karen Yarbrough

Mailing Address P.O. Box 6148

City Broadview State IL Zip Code 60155

Purpose of Disbursement
P-2010 State House 07 IL

Candidate Name
Karen Yarbrough

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B269200
Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Friends of Dereck Davis

Mailing Address 17 W. Courtland St. #210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement
O-2010 State House 25 MD

Candidate Name
Dereck E Davis

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Election Cycle

Transaction ID: B267605
Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

350.00

C. Full Name (Last, First, Middle Initial)
Friends of Rob Garagiola

Mailing Address P.O. Box 5831

City Annapolis State MD Zip Code 21403

Purpose of Disbursement
O-2010 State Senate 15 MD

Candidate Name
Rob J Garagiola

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Election Cycle

Transaction ID: B267603
Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Cmte to Elect Allan Kittleman</p> <p>Mailing Address 3102 Fox Valley Road</p> <p>City West Friendship State MD Zip Code 21794</p> <p>Purpose of Disbursement O-2010 State Senate 09 MD</p> <p>Candidate Name Allan H. Kittleman</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle</p>	<p>Transaction ID: B267604 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Albo for Delegate</p> <p>Mailing Address 6005 Greeley Blvd.</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement G-2009 State House 42 VA</p> <p>Candidate Name David Barr Albo</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268938 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Griffith for Delegate</p> <p>Mailing Address PO Box 2411</p> <p>City Salem State VA Zip Code 24153</p> <p>Purpose of Disbursement G-2009 State House 08 VA</p> <p>Candidate Name H. Morgan Griffith</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268941 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Hugo for Delegate</p> <p>Mailing Address 6367 S. Rolling Mill Place</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement G-2009 State House 40 VA</p> <p>Candidate Name Tim D. Hugo</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268943 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kilgore for Delegate</p> <p>Mailing Address P.O. Box 669</p> <p>City Gate City State VA Zip Code 24251</p> <p>Purpose of Disbursement G-2009 State House 01 VA</p> <p>Candidate Name Terry G. Kilgore</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268945 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Morgan for Delegate</p> <p>Mailing Address P.O. Box 949</p> <p>City Gloucester State VA Zip Code 23061</p> <p>Purpose of Disbursement G-2009 State House 98 VA</p> <p>Candidate Name Harvey Morgan</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268947 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Nixon for Delegate</p> <p>Mailing Address 7412 Barkbridge Road</p> <p>City Chesterfield State VA Zip Code 23832</p> <p>Purpose of Disbursement G-2009 State House 27 VA</p> <p>Candidate Name Samuel A Nixon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268948 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Norment for Senate</p> <p>Mailing Address P.O. Box 1697</p> <p>City Williamsburg State VA Zip Code 23187</p> <p>Purpose of Disbursement P-2011 State Senate 03 VA</p> <p>Candidate Name Thomas K Norment</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268951 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Plum for Delegate</p> <p>Mailing Address 2073 Cobblestone Lane</p> <p>City Reston State VA Zip Code 20191</p> <p>Purpose of Disbursement G-2009 State House 36 VA</p> <p>Candidate Name Kenneth (Ken) R Plum</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268949 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Puckett for Senate</p> <p>Mailing Address PO Box 2440</p> <p>City Lebanon State VA Zip Code 24266</p> <p>Purpose of Disbursement P-2011 State Senate 38 VA</p> <p>Candidate Name Phillip P Puckett</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268953</p> <p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Saslaw for Senate</p> <p>Mailing Address P.O. Box 1254</p> <p>City Springfield State VA Zip Code 22151</p> <p>Purpose of Disbursement G-2011 State Senate 35 VA</p> <p>Candidate Name Richard L Saslaw</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268955</p> <p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sickles for Delegate</p> <p>Mailing Address P.O. Box 10628</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement G-2009 State House 43 VA</p> <p>Candidate Name Mark D Sickles</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268950</p> <p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Stosch for Senate</p> <p>Mailing Address 4551 Cox Road</p> <p>City Glen Allen State VA Zip Code 23060</p> <p>Purpose of Disbursement P-2011 State Senate 12 VA</p> <p>Candidate Name Walter A Stosch</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268957</p> <p>Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wagner for Senate</p> <p>Mailing Address P.O. Box 68003</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement P-2011 State Senate 07 VA</p> <p>Candidate Name Frank W Wagner</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268958</p> <p>Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wampler for Senate</p> <p>Mailing Address 116 Valley Street NE</p> <p>City Abingdon State VA Zip Code 24210</p> <p>Purpose of Disbursement P-2011 State Senate 40 VA</p> <p>Candidate Name William C Wampler</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B268960</p> <p>Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

TOTAL This Period (last page this line number only) ▶

17100.00