

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2775 Sanders Road Suite A5 Northbrook IL 60062

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

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

5. Covering Period 06 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Steven C. Verney Signature of Treasurer Electronically Filed by Steven C. Verney Date 07 18 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		127951.82
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	200772.77									
(c) Total Receipts (from Line 19) .....	31337.29	185678.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	232110.06	313630.73								
7. Total Disbursements (from Line 31) .....	46311.68	127832.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	185798.38	185798.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26716.16	103469.72
(i) Itemized (use Schedule A) .....	4617.48	81963.74
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31333.64	185433.46
(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) .....	31333.64	185433.46
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	230.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.65	15.45
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)) .....	31337.29	185678.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31337.29	185678.91

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	61.68	682.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	61.68	682.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	76500.00
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.....	35750.00	50650.00
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))..	46311.68	127832.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	46311.68	127832.35

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31333.64	185433.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31333.64	185433.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61.68	682.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	230.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61.68	452.35

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. REBECCA A ABEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 657 CORAL COURT		<b>Transaction ID: A2007-1054166</b>	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.80		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.60		

Full Name (Last, First, Middle Initial) <b>B. REBECCA A ABEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 657 CORAL COURT		<b>Transaction ID: A2007-1054658</b>	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.80		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.40		

Full Name (Last, First, Middle Initial) <b>C. ERNEST D ADAMS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 33934 N TREELINE CT		<b>Transaction ID: A2007-1053888</b>	
City State Zip Code GAGES LAKE IL 60030	Amount of Each Receipt this Period 19.06		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 225.02		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ERNEST D ADAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 33934 N TREELINE CT		<b>Transaction ID: A2007-1054380</b>
City GAGES LAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.06
Name of Employer Allstate Insurance Company	Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.08	

Full Name (Last, First, Middle Initial) <b>B. JONES G ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1054086</b>
City LAKE VILLA	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.35
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.90	

Full Name (Last, First, Middle Initial) <b>C. JONES G ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1054579</b>
City LAKE VILLA	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.35
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 373.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	77.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LORAL ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1054151</b>	
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 31.15		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 368.55		

Full Name (Last, First, Middle Initial) <b>B. LORAL ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1054643</b>	
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 31.15		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 399.70		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL W AGAR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 200 W MILL VALLEY DR		<b>Transaction ID: A2007-1054549</b>	
City State Zip Code COLLEYVILLE TX 76034	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 1245 CARIBOU LANE

City State Zip Code  
HOFFMAN ESTATES IL 60192

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053919

Amount of Each Receipt this Period  
20.52

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

Mailing Address 1245 CARIBOU LANE

City State Zip Code  
HOFFMAN ESTATES IL 60192

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.56

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

Transaction ID: A2007-1054411

Amount of Each Receipt this Period  
20.52

**C.** Full Name (Last, First, Middle Initial)  
NANCY H ANDERSON

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 Accounting Senior Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053928

Amount of Each Receipt this Period  
27.82

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	68.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
NANCY H ANDERSON

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 Accounting Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 358.26

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

Transaction ID: A2007-1054420

Amount of Each Receipt this Period  
27.82

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM H AYO

Mailing Address 1009 LAKE RIDGE DR.

City State Zip Code  
SAFETY HARBOR FL 34695

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

Name of Employer Allstate Insurance Company Occupation Human Resource 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 / 2 2 / 2 0 0 7

Transaction ID: A2007-1054364

Amount of Each Receipt this Period  
16.35

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

Mailing Address 438 MITCHELL DRIVE

City State Zip Code  
GRAYS LAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 790.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053764

Amount of Each Receipt this Period  
67.73

**SUBTOTAL** of Receipts This Page (optional) ..... ► 111.90

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 438 MITCHELL DRIVE

City State Zip Code  
GRAYS LAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 857.88

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054256

Amount of Each Receipt this Period  
67.73

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

Mailing Address 4435 SWILCAN BRIDGE LANE N

City State Zip Code  
JACKSONVILLE FL 32224

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

Name of Employer Allstate Insurance Company Occupation AVP-Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.37

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053860

Amount of Each Receipt this Period  
30.55

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

Mailing Address 4435 SWILCAN BRIDGE LANE N

City State Zip Code  
JACKSONVILLE FL 32224

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

Name of Employer Allstate Insurance Company Occupation AVP-Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.92

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054352

Amount of Each Receipt this Period  
30.55

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	128.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DIANE G BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 120 EAST SHERIDAN RD		<b>Transaction ID: A2007-1053856</b>	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 49.61		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 572.57		

Full Name (Last, First, Middle Initial) <b>B. DIANE G BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 120 EAST SHERIDAN RD		<b>Transaction ID: A2007-1054348</b>	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 49.61		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 622.18		

Full Name (Last, First, Middle Initial) <b>C. ROBERT Z BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 3012 THORNHILL DRIVE		<b>Transaction ID: A2007-1054671</b>	
City State Zip Code GRANITE BAY CA 95746	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.85		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ALEXANDRA BALATSOUKAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 992 WEEPING WAY LANE		<b>Transaction ID: A2007-1054059</b>
City State Zip Code AVON IN 46123	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.86
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.77	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDRA BALATSOUKAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 992 WEEPING WAY LANE		<b>Transaction ID: A2007-1054552</b>
City State Zip Code AVON IN 46123	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.86
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.63	

Full Name (Last, First, Middle Initial) <b>C. GARRY J BALLEK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1013 MASON LANE		<b>Transaction ID: A2007-1053985</b>
City State Zip Code LAKE IN THE HIL IL 60156	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 18.98
Name of Employer Allstate Insurance Company	Occupation Unclassified Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. GARRY J BALLEK</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1013 MASON LANE		<b>Transaction ID: A2007-1054478</b>
City LAKE IN THE HIL	State IL	Zip Code 60156
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.98
Name of Employer Allstate Insurance Company	Occupation Unclassified Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.84	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM P BALLINGER</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 47530 ABERDEEN DR		<b>Transaction ID: A2007-1053834</b>
City NOVI	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.72
Name of Employer Allstate Insurance Company	Occupation FVP President New Jersey	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.77	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM P BALLINGER</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 47530 ABERDEEN DR		<b>Transaction ID: A2007-1054326</b>
City NOVI	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.72
Name of Employer Allstate Insurance Company	Occupation FVP President New Jersey	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.49	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	86.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ROBERT H BARGE III</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2222 LOCH WAY		<b>Transaction ID: A2007-1054164</b>	
City State Zip Code EL DORADO HILLS CA 95762	Amount of Each Receipt this Period 65.18		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 756.33		

Full Name (Last, First, Middle Initial) <b>B. ROBERT H BARGE III</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 2222 LOCH WAY		<b>Transaction ID: A2007-1054656</b>	
City State Zip Code EL DORADO HILLS CA 95762	Amount of Each Receipt this Period 65.18		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 821.51		

Full Name (Last, First, Middle Initial) <b>C. PATRICK J BARKLEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1694 WARRINGTON LANE		<b>Transaction ID: A2007-1054440</b>	
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 15.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Consultant-M1400		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.98		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 80 RAVINE DRIVE

City COLONIA State NJ Zip Code 07067

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053781

Amount of Each Receipt this Period  
19.88

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

Mailing Address 80 RAVINE DRIVE

City COLONIA State NJ Zip Code 07067

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054273

Amount of Each Receipt this Period  
19.88

**C.** 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 ▼ 220.95

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053943

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 239.70

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

Transaction ID: A2007-1054435

Amount of Each Receipt this Period  
 18.75

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

Mailing Address 632 Concord Way

City Prospect Heights State IL Zip Code 60070

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 ▼ 287.21

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053950

Amount of Each Receipt this Period  
 24.38

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

Mailing Address 632 Concord Way

City Prospect Heights State IL Zip Code 60070

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 ▼ 311.59

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

Transaction ID: A2007-1054442

Amount of Each Receipt this Period  
 24.38

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	67.51
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054020

Amount of Each Receipt this Period  
31.76

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

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 406.78

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054513

Amount of Each Receipt this Period  
31.76

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

Mailing Address 807 Greenwood Ave.

City State Zip Code  
GLENCOE IL 60022

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.17

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053803

Amount of Each Receipt this Period  
38.84

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	102.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. EDWARD A BIEMER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 807 Greenwood Ave.		<b>Transaction ID: A2007-1054295</b>	
City State Zip Code GLENCOE IL 60022		Amount of Each Receipt this Period 38.84	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation VP and President Broker D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 497.01	

Full Name (Last, First, Middle Initial) <b>B. DAVID G BIEMILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 480 LEES LAKE RD		<b>Transaction ID: A2007-1053873</b>	
City State Zip Code FAYETTEVILLE GA 30214		Amount of Each Receipt this Period 19.19	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.48	

Full Name (Last, First, Middle Initial) <b>C. DAVID G BIEMILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 480 LEES LAKE RD		<b>Transaction ID: A2007-1054365</b>	
City State Zip Code FAYETTEVILLE GA 30214		Amount of Each Receipt this Period 19.19	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 246.67	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	77.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code  
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 452.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054089

Amount of Each Receipt this Period  
38.40

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code  
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 491.36

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

Transaction ID: A2007-1054582

Amount of Each Receipt this Period  
38.40

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

Mailing Address 398 Brookmont Lane

City State Zip Code  
North Barrington IL 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 ▼ 699.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054075

Amount of Each Receipt this Period  
59.62

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **136.42**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 398 Brookmont Lane

City State Zip Code  
North Barrington IL 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 ▼ 759.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054568

Amount of Each Receipt this Period  
59.62

**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 ▼ 565.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053902

Amount of Each Receipt this Period  
48.46

**C.** 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 ▼ 613.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054394

Amount of Each Receipt this Period  
48.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. CAROL L BONOVICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 6 N. MILLERS LANE		<b>Transaction ID: A2007-1054502</b>	
City <b>MT. PROSPECT</b>	State IL	Zip Code 60056	Amount of Each Receipt this Period 15.86
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.18		

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS L BORG</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 5550 Maybeck Ln		<b>Transaction ID: A2007-1054161</b>	
City Livermore	State CA	Zip Code 94550	Amount of Each Receipt this Period 26.11
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.77		

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS L BORG</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 5550 Maybeck Ln		<b>Transaction ID: A2007-1054653</b>	
City Livermore	State CA	Zip Code 94550	Amount of Each Receipt this Period 26.11
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	68.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 255
	<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)  
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 ▼ 867.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053838

Amount of Each Receipt this Period  
73.92

**B.** 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 ▼ 941.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054330

Amount of Each Receipt this Period  
73.92

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

Mailing Address 1951 BROADSMORE

City State Zip Code  
ALGONQUIN IL 60102

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

Name of Employer Allstate Insurance Company Occupation Market Distribution Leade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.82

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054127

Amount of Each Receipt this Period  
23.47

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	171.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 255
	(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)  
LONDON B BRADLEY

Mailing Address 1951 BROADSMORE

City State Zip Code  
ALGONQUIN IL 60102

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

Name of Employer Allstate Insurance Company Occupation Market Distribution Leade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.29

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

Transaction ID: A2007-1054619

Amount of Each Receipt this Period  
23.47

**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 Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054092

Amount of Each Receipt this Period  
19.88

**C.** 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 Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.24

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

Transaction ID: A2007-1054585

Amount of Each Receipt this Period  
19.88

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JEFFREY P BRASK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 21285 S. BOSCHOME CIRCLE		<b>Transaction ID: A2007-1053971</b>
City KILDEER	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.31	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY P BRASK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 21285 S. BOSCHOME CIRCLE		<b>Transaction ID: A2007-1054463</b>
City KILDEER	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.19	

Full Name (Last, First, Middle Initial) <b>C. SHEILA M BREEDING</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 35 FAIRMONT AVENUE		<b>Transaction ID: A2007-1054278</b>
City SOMERVILLE	State NJ	Zip Code 08876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Senior Field Corporate Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.55	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	56.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DUDLEY R BRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 18135 W MEANDER DR		<b>Transaction ID: A2007-1053821</b>	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 18.19		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 214.78		

Full Name (Last, First, Middle Initial) <b>B. DUDLEY R BRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 18135 W MEANDER DR		<b>Transaction ID: A2007-1054313</b>	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 18.19		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 232.97		

Full Name (Last, First, Middle Initial) <b>C. SHAWN L BROADFIELD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1044 APPLE BLOSSOM COURT		<b>Transaction ID: A2007-1053959</b>	
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 39.06		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 466.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. SHAWN L BROADFIELD</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1044 APPLE BLOSSOM COURT		<b>Transaction ID: A2007-1054451</b>
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 39.06	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 505.38	

Full Name (Last, First, Middle Initial) <b>B. DAVID C BROCK</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 305 CHURCHILL LANE		<b>Transaction ID: A2007-1053846</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 34.81	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 411.02	

Full Name (Last, First, Middle Initial) <b>C. DAVID C BROCK</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 305 CHURCHILL LANE		<b>Transaction ID: A2007-1054338</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 34.81	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 445.83	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	108.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. WILLIAM F BROKAW</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 3 MILTON CT		<b>Transaction ID: A2007-1053954</b>	
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.56		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM F BROKAW</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 3 MILTON CT		<b>Transaction ID: A2007-1054446</b>	
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.44		

Full Name (Last, First, Middle Initial) <b>C. LORRIE K BROUSE</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 223 POLK PLACE DRIVE		<b>Transaction ID: A2007-1053849</b>	
City State Zip Code FRANKLIN TN 37064	Amount of Each Receipt this Period 17.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.85		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	57.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 29 / 255  
(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)  
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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      221.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

**Transaction ID:** A2007-1054341

Amount of Each Receipt this Period  
17.25

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

**Transaction ID:** A2007-1053905

Amount of Each Receipt this Period  
19.88

**C.** 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      258.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

**Transaction ID:** A2007-1054397

Amount of Each Receipt this Period  
19.88

**SUBTOTAL** of Receipts This Page (optional) ..... ► **57.01**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL E BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 8739 CYPRESS RESERVE CIRCLE		<b>Transaction ID: A2007-1054297</b>
City State Zip Code ORLANDO FL 32836	Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Agency Consulting Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.55	

Full Name (Last, First, Middle Initial) <b>B. PAMELA S BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 5886 TEAL LANE		<b>Transaction ID: A2007-1054054</b>
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 238.46	

Full Name (Last, First, Middle Initial) <b>C. PAMELA S BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 5886 TEAL LANE		<b>Transaction ID: A2007-1054547</b>
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 258.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	56.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 255
	<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)  
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 ▼ 2071.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053859

Amount of Each Receipt this Period  
173.08

**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 ▼ 2244.27

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054351

Amount of Each Receipt this Period  
173.08

**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 ▼ 409.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053955

Amount of Each Receipt this Period  
34.55

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>380.71</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ANNE MARIE L BRUNNER</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 2514 SOUTH WESLEY AVE		<b>Transaction ID: A2007-1054447</b>
City BERWYN	State IL	Zip Code 60402
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 34.55	
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 ▼ 444.10	

Full Name (Last, First, Middle Initial) <b>B. JOHN C BRUSE</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 1434 WOODACRE DRIVE		<b>Transaction ID: A2007-1054140</b>
City MC LEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 35.30	
Name of Employer Allstate Insurance Company	Occupation Vice President & Ast Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.50	

Full Name (Last, First, Middle Initial) <b>C. JOHN C BRUSE</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1434 WOODACRE DRIVE		<b>Transaction ID: A2007-1054632</b>
City MC LEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 35.30	
Name of Employer Allstate Insurance Company	Occupation Vice President & Ast Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. STEVEN C BUCHHOLZ</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 412 S. VAIL		<b>Transaction ID: A2007-1054414</b>
City State Zip Code ARL HEIGHTS IL 60005	Amount of Each Receipt this Period 15.86	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 201.68	

Full Name (Last, First, Middle Initial) <b>B. DAVID N BUGGS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 12234 85TH AVE		<b>Transaction ID: A2007-1054076</b>
City State Zip Code PLEASANT PR WI 53158	Amount of Each Receipt this Period 32.14	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 384.08	

Full Name (Last, First, Middle Initial) <b>C. DAVID N BUGGS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 12234 85TH AVE		<b>Transaction ID: A2007-1054569</b>
City State Zip Code PLEASANT PR WI 53158	Amount of Each Receipt this Period 32.14	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 416.22	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 730 E. HAWTHORNE

City State Zip Code  
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 485.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054074

Amount of Each Receipt this Period  
41.46

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

Mailing Address 730 E. HAWTHORNE

City State Zip Code  
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 526.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054567

Amount of Each Receipt this Period  
41.46

**C.** 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 Human Resource Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053810

Amount of Each Receipt this Period  
18.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► 101.22

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. GREGORY C BURNS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2000 N. BROADMOOR LANE		<b>Transaction ID: A2007-1054302</b>
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 18.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.54	

Full Name (Last, First, Middle Initial) <b>B. PEGGY BURROWS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2628 HALSEY DRIVE		<b>Transaction ID: A2007-1054105</b>
City State Zip Code FLOWER MOUND TX 75028	Amount of Each Receipt this Period 28.43	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.16	

Full Name (Last, First, Middle Initial) <b>C. PEGGY BURROWS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2628 HALSEY DRIVE		<b>Transaction ID: A2007-1054598</b>
City State Zip Code FLOWER MOUND TX 75028	Amount of Each Receipt this Period 28.43	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. CECILE A BUTLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 9309 ELIZABETH LANE		<b>Transaction ID: A2007-1053748</b>
City State Zip Code SPRING GROVE IL 60081	Amount of Each Receipt this Period 86.76	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP & Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1021.17	

Full Name (Last, First, Middle Initial) <b>B. CECILE A BUTLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 9309 ELIZABETH LANE		<b>Transaction ID: A2007-1054240</b>
City State Zip Code SPRING GROVE IL 60081	Amount of Each Receipt this Period 86.76	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP & Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1107.93	

Full Name (Last, First, Middle Initial) <b>C. D C BUTLER III</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 15430 WHITE COLUMNS DRIVE		<b>Transaction ID: A2007-1053857</b>
City State Zip Code ALPHARETTA GA 30004	Amount of Each Receipt this Period 52.73	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 622.26	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	226.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. D C BUTLER III</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 15430 WHITE COLUMNS DRIVE		<b>Transaction ID: A2007-1054349</b>
City State Zip Code ALPHARETTA GA 30004	Amount of Each Receipt this Period 52.73	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 674.99	

Full Name (Last, First, Middle Initial) <b>B. RICHARD S CAIRNS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2791 NE 9TH COURT		<b>Transaction ID: A2007-1054354</b>
City State Zip Code POMPANO BEACH FL 33062	Amount of Each Receipt this Period 15.68	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.09	

Full Name (Last, First, Middle Initial) <b>C. DEBORAH K CAMPBELL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 21863 NORTH TALL OAKS COURT		<b>Transaction ID: A2007-1054060</b>
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 60.41	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 706.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	128.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DEBORAH K CAMPBELL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 21863 NORTH TALL OAKS COURT		<b>Transaction ID: A2007-1054553</b>
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 60.41	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 767.13	

Full Name (Last, First, Middle Initial) <b>B. IRIS M CHESTER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 643 ST GEORGE CT		<b>Transaction ID: A2007-1054085</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 21.54	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.94	

Full Name (Last, First, Middle Initial) <b>C. IRIS M CHESTER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 643 ST GEORGE CT		<b>Transaction ID: A2007-1054578</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 21.54	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.48	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. VIRGINIA O CHIAPPETTA</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 165 ARLINGTON AVE		<b>Transaction ID: A2007-1054029</b>	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 19.65		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Communication Senior Mana		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.22		

Full Name (Last, First, Middle Initial) <b>B. VIRGINIA O CHIAPPETTA</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 165 ARLINGTON AVE		<b>Transaction ID: A2007-1054522</b>	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 19.65		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Communication Senior Mana		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.87		

Full Name (Last, First, Middle Initial) <b>C. SCOTT M CHRISTENSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 20713 LEXINGTON LANE		<b>Transaction ID: A2007-1054010</b>	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 37.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.03		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="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)  
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 ▼ 475.27

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054503

Amount of Each Receipt this Period  
37.24

**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 Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.27

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054037

Amount of Each Receipt this Period  
19.34

**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 Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054530

Amount of Each Receipt this Period  
19.34

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL A CLARK

Mailing Address 26115 N 104TH WAY

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 ▼ 507.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053782

Amount of Each Receipt this Period  
42.80

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL A CLARK

Mailing Address 26115 N 104TH WAY

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 ▼ 550.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054274

Amount of Each Receipt this Period  
42.80

**C.** 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 ▼ 390.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053895

Amount of Each Receipt this Period  
33.17

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	118.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MARK 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 ▼ 423.93

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054387

Amount of Each Receipt this Period  
33.17

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code  
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 328.36

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054036

Amount of Each Receipt this Period  
27.83

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code  
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Senior Field Corporate Re

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 356.19

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054529

Amount of Each Receipt this Period  
27.83

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	88.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 255
	<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)  
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 ▼ 368.94

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053997

Amount of Each Receipt this Period  
31.62

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

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code  
WINNETKA IL 60093

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.56

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

Transaction ID: A2007-1054490

Amount of Each Receipt this Period  
31.62

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

Mailing Address 809 DUNHILL COURT

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 518.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053944

Amount of Each Receipt this Period  
39.77

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	103.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. EDWARD T COLLINS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 809 DUNHILL COURT		<b>Transaction ID: A2007-1054436</b>	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 39.77		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 558.33		

Full Name (Last, First, Middle Initial) <b>B. LARRY K CONLEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 4516 LINSCOTT AVE		<b>Transaction ID: A2007-1054475</b>	
City State Zip Code DOWNERS GROVE IL 60515	Amount of Each Receipt this Period 15.98		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 205.39		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL P COOGAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1609 SYRACUSE LN.		<b>Transaction ID: A2007-1054000</b>	
City State Zip Code SCHAUMBURG IL 60193	Amount of Each Receipt this Period 29.23		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 345.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	84.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 1609 SYRACUSE LN.

City State Zip Code  
SCHAUMBURG IL 60193

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 374.39

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

Transaction ID: A2007-1054493

Amount of Each Receipt this Period  
29.23

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

Mailing Address 14 Portrush Place

City State Zip Code  
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 784.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054099

Amount of Each Receipt this Period  
66.85

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

Mailing Address 14 Portrush Place

City State Zip Code  
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 851.06

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

Transaction ID: A2007-1054592

Amount of Each Receipt this Period  
66.85

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	162.93
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. THOMAS J CREAGH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 4008 NORTH HIGHLAND AVENUE		<b>Transaction ID: A2007-1053784</b>
City ARLINGTON HTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.79
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.98	

Full Name (Last, First, Middle Initial) <b>B. THOMAS J CREAGH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 4008 NORTH HIGHLAND AVENUE		<b>Transaction ID: A2007-1054276</b>
City ARLINGTON HTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.79
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.77	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM G CRIMMINS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 218 S KASPAR		<b>Transaction ID: A2007-1053903</b>
City ARLINGTON HGTS.	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.32
Name of Employer Allstate Insurance Company	Occupation Vice President & Deputy G	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.78	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>109.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM 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 ▼ 896.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054395

Amount of Each Receipt this Period  
70.32

**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 GVP-Product Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 886.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053897

Amount of Each Receipt this Period  
80.77

**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 GVP-Product Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 966.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054389

Amount of Each Receipt this Period  
80.77

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	231.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. RICHARD C CRIST JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 14 CARDINAL DRIVE		<b>Transaction ID: A2007-1053816</b>
City State Zip Code PRINCETON JUNCT NJ 08550	Amount of Each Receipt this Period 68.43	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 803.87	

Full Name (Last, First, Middle Initial) <b>B. RICHARD C CRIST JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 14 CARDINAL DRIVE		<b>Transaction ID: A2007-1054308</b>
City State Zip Code PRINCETON JUNCT NJ 08550	Amount of Each Receipt this Period 68.43	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 872.30	

Full Name (Last, First, Middle Initial) <b>C. JOAN M CROCKETT</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 27 RIVER BEND CT		<b>Transaction ID: A2007-1053878</b>
City State Zip Code LAKE BARRINGTON IL 60010	Amount of Each Receipt this Period 117.38	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1378.46	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	254.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JOAN M CROCKETT</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 27 RIVER BEND CT		<b>Transaction ID: A2007-1054370</b>
City <b>LAKE BARRINGTON</b>	State <b>IL</b>	Zip Code <b>60010</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>117.38</b>
Name of Employer Allstate Insurance Company	Occupation SVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1495.84</b>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM DALY</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 22425 N LINDEN DR.		<b>Transaction ID: A2007-1053802</b>
City <b>BARRINGTON</b>	State <b>IL</b>	Zip Code <b>60010</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>37.52</b>
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>441.34</b>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM DALY</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 22425 N LINDEN DR.		<b>Transaction ID: A2007-1054294</b>
City <b>BARRINGTON</b>	State <b>IL</b>	Zip Code <b>60010</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>40.15</b>
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>481.49</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>195.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT 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 ▼ 408.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053845

Amount of Each Receipt this Period  
34.47

**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 ▼ 443.22

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

Transaction ID: A2007-1054337

Amount of Each Receipt this Period  
34.47

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

Mailing Address 5 COURT OF HIDDEN WELLS

City State Zip Code  
NORTHBROOK IL 60062

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 ▼ 389.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053952

Amount of Each Receipt this Period  
32.98

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	101.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. SAM DE FRANK</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 5 COURT OF HIDDEN WELLS		<b>Transaction ID: A2007-1054444</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 32.98
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP & Tax Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.02		

Full Name (Last, First, Middle Initial) <b>B. RANDAL S DECOURSEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 6710 BLUE RIDGE LANE		<b>Transaction ID: A2007-1053947</b>	
City LINCOLN	State NE	Zip Code 68516	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 348.90		

Full Name (Last, First, Middle Initial) <b>C. RANDAL S DECOURSEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 6710 BLUE RIDGE LANE		<b>Transaction ID: A2007-1054439</b>	
City LINCOLN	State NE	Zip Code 68516	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 378.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	92.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

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 ▼ 418.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053882

Amount of Each Receipt this Period  
35.45

**B.** Full Name (Last, First, Middle Initial)  
STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

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 ▼ 454.00

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

Transaction ID: A2007-1054374

Amount of Each Receipt this Period  
35.45

**C.** 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 Specialty Lines

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 609.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054051

Amount of Each Receipt this Period  
52.22

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	123.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JEFFREY F DEIGL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 453 PRAIRIE		<b>Transaction ID: A2007-1054544</b>
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 52.22
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 661.50	

Full Name (Last, First, Middle Initial) <b>B. LORI A DESCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 5 TREGONWELL COURT		<b>Transaction ID: A2007-1053871</b>
City ALGONQUIN	State IL	Zip Code 60102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.65
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.10	

Full Name (Last, First, Middle Initial) <b>C. LORI A DESCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 5 TREGONWELL COURT		<b>Transaction ID: A2007-1054363</b>
City ALGONQUIN	State IL	Zip Code 60102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.65
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KRISTINE DIGIROLAMO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 10123 NORTH RIVER ROAD		<b>Transaction ID: A2007-1054564</b>	
City State Zip Code BARRINGTON HILL IL 60102	Amount of Each Receipt this Period 16.41		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 207.58		

Full Name (Last, First, Middle Initial) <b>B. LEO DISHEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 340 E 74TH ST APT 6C		<b>Transaction ID: A2007-1053780</b>	
City State Zip Code NEW YORK NY 10021	Amount of Each Receipt this Period 20.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.65		

Full Name (Last, First, Middle Initial) <b>C. LEO DISHEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 340 E 74TH ST APT 6C		<b>Transaction ID: A2007-1054272</b>	
City State Zip Code NEW YORK NY 10021	Amount of Each Receipt this Period 20.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	57.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. SARAH R DONAHUE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 4147 RFD		<b>Transaction ID: A2007-1054028</b>	
City LONG GROVE	State IL	Zip Code 60047	Amount of Each Receipt this Period 55.95
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Northbrook/Glenbrook		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.53		

Full Name (Last, First, Middle Initial) <b>B. SARAH R DONAHUE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 4147 RFD		<b>Transaction ID: A2007-1054521</b>	
City LONG GROVE	State IL	Zip Code 60047	Amount of Each Receipt this Period 55.95
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Northbrook/Glenbrook		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.48		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J DONOGHUE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2775 SANDERS RD STE F5		<b>Transaction ID: A2007-1054190</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation President Canada		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1111.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PHILIP J DORN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 12 SAINT JOHN DRIVE		<b>Transaction ID: A2007-1054146</b>	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Investor Relations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.78		

Full Name (Last, First, Middle Initial) <b>B. PHILIP J DORN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 12 SAINT JOHN DRIVE		<b>Transaction ID: A2007-1054638</b>	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Investor Relations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.66		

Full Name (Last, First, Middle Initial) <b>C. DANIEL C DRESSSEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1706 ADLER LANE		<b>Transaction ID: A2007-1053819</b>	
City State Zip Code MALVERN PA 19355	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 236.21		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DANIEL C DRESSEL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1706 ADLER LANE		<b>Transaction ID: A2007-1054311</b>
City State Zip Code MALVERN PA 19355	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.09	

Full Name (Last, First, Middle Initial) <b>B. JAMES M DUDAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 109 LORRAINE DRIVE		<b>Transaction ID: A2007-1053880</b>
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 17.84	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.33	

Full Name (Last, First, Middle Initial) <b>C. JAMES M DUDAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 109 LORRAINE DRIVE		<b>Transaction ID: A2007-1054372</b>
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 17.84	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.17	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY R DUGAN</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 3220 SANDY LANE		<b>Transaction ID: A2007-1054134</b>
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.65
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.55	

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY R DUGAN</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 3220 SANDY LANE		<b>Transaction ID: A2007-1054626</b>
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.65
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.20	

Full Name (Last, First, Middle Initial) <b>C. LAURA DUNNE</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 1810 BALMORAL AVE		<b>Transaction ID: A2007-1054013</b>
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.19
Name of Employer Allstate Insurance Company	Occupation AVP Strategy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.46	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>81.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 1810 BALMORAL AVE

City State Zip Code  
GLENVIEW IL 60025

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

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Strategy Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
279.65

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054506

Amount of Each Receipt this Period  
22.19

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

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60005

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

Name of Employer  
Allstate Insurance Company

Occupation  
AF Operations Dept Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.05

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054034

Amount of Each Receipt this Period  
27.70

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

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60005

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

Name of Employer  
Allstate Insurance Company

Occupation  
AF Operations Dept Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.75

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054527

Amount of Each Receipt this Period  
27.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► **77.59**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JOHN EDELEN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1250 So Indiana - Unit 1309		<b>Transaction ID: A2007-1053804</b>	
City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 41.97		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP P-CCSO Strategy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.30		

Full Name (Last, First, Middle Initial) <b>B. JOHN EDELEN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1250 So Indiana - Unit 1309		<b>Transaction ID: A2007-1054296</b>	
City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 41.97		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP P-CCSO Strategy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.27		

Full Name (Last, First, Middle Initial) <b>C. NINA B EIDELL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 25 E. Superior # 11B		<b>Transaction ID: A2007-1053752</b>	
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 62.28		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Vice President Human Reso		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.82		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	146.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 255
	(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)  
NINA B EIDELL

Mailing Address 25 E. Superior # 11B

City State Zip Code  
CHICAGO IL 60611

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 ▼ 801.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054244

Amount of Each Receipt this Period  
62.28

**B.** Full Name (Last, First, Middle Initial)  
PHILIP L EMMANUELE

Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Marketing Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 707.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053783

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
PHILIP L EMMANUELE

Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Marketing Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 767.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054275

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	182.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN N ENRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 10323 TRUMBULL AVE		<b>Transaction ID: A2007-1054042</b>	
City State Zip Code CHICAGO IL 60655	Amount of Each Receipt this Period 34.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.72		

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN N ENRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 10323 TRUMBULL AVE		<b>Transaction ID: A2007-1054535</b>	
City State Zip Code CHICAGO IL 60655	Amount of Each Receipt this Period 34.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.41		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL L ESCOBAR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 660 BALMORAL LANE		<b>Transaction ID: A2007-1053765</b>	
City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 50.18		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Finance Innovation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 589.98		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	119.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL L ESCOBAR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 660 BALMORAL LANE		<b>Transaction ID: A2007-1054257</b>	
City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 50.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Finance Innovation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.16		

Full Name (Last, First, Middle Initial) <b>B. RICHARD B ESPINOZA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 673 HASTINGS ROAD		<b>Transaction ID: A2007-1053966</b>	
City State Zip Code WHEELING IL 60090	Amount of Each Receipt this Period 31.02		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Unclassified Sr Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.29		

Full Name (Last, First, Middle Initial) <b>C. RICHARD B ESPINOZA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 673 HASTINGS ROAD		<b>Transaction ID: A2007-1054458</b>	
City State Zip Code WHEELING IL 60090	Amount of Each Receipt this Period 31.02		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Unclassified Sr Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	112.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. THOMAS W EVANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1224 BARCLAY CIRCLE		<b>Transaction ID: A2007-1053800</b>
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.69
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 ▼ 491.74	

Full Name (Last, First, Middle Initial) <b>B. THOMAS W EVANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1224 BARCLAY CIRCLE		<b>Transaction ID: A2007-1054292</b>
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.69
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 ▼ 533.43	

Full Name (Last, First, Middle Initial) <b>C. DOROTHY EVEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1130 KEYSTONE AVENUE		<b>Transaction ID: A2007-1053942</b>
City RIVER FOREST	State IL	Zip Code 60305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.81
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DOROTHY EVEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 1130 KEYSTONE AVENUE		<b>Transaction ID: A2007-1054434</b>	
City State Zip Code RIVER FOREST IL 60305	Amount of Each Receipt this Period 81.81		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1042.53		

Full Name (Last, First, Middle Initial) <b>B. KATHRYN L FABYAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 21209 WEST YORKSHIRE DRIVE		<b>Transaction ID: A2007-1054084</b>	
City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 37.85		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 446.90		

Full Name (Last, First, Middle Initial) <b>C. KATHRYN L FABYAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 21209 WEST YORKSHIRE DRIVE		<b>Transaction ID: A2007-1054577</b>	
City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 37.85		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 484.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	157.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="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 Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053963

Amount of Each Receipt this Period  
45.99

**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 Allstate Insurance Company Occupation AVP Ast General Counsel &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 586.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054455

Amount of Each Receipt this Period  
45.99

**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 Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054063

Amount of Each Receipt this Period  
25.55

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	117.53
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 255
	<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)  
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 Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 328.10

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054556

Amount of Each Receipt this Period  
25.55

**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 Allstate Insurance Company Occupation Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 293.85

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053808

Amount of Each Receipt this Period  
24.90

**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 Allstate Insurance Company Occupation Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 318.75

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054300

Amount of Each Receipt this Period  
24.90

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DARYLL D FLETCHER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 22256 W MASHI CT		<b>Transaction ID: A2007-1053934</b>	
City IVANHOE	State IL	Zip Code 60060	Amount of Each Receipt this Period 27.89
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation VP-KNOWLEDGE DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.54		

Full Name (Last, First, Middle Initial) <b>B. DARYLL D FLETCHER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 22256 W MASHI CT		<b>Transaction ID: A2007-1054426</b>	
City IVANHOE	State IL	Zip Code 60060	Amount of Each Receipt this Period 27.89
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation VP-KNOWLEDGE DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.43		

Full Name (Last, First, Middle Initial) <b>C. KELLY F FOGARTY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 613 REX		<b>Transaction ID: A2007-1053958</b>	
City ELMHURST	State IL	Zip Code 60126	Amount of Each Receipt this Period 37.08
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	92.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KELLY F FOGARTY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 613 REX		<b>Transaction ID: A2007-1054450</b>
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 37.08	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.03	

Full Name (Last, First, Middle Initial) <b>B. DAWN H FRASE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 24076 N. SHAGBARK		<b>Transaction ID: A2007-1054027</b>
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 18.25	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.20	

Full Name (Last, First, Middle Initial) <b>C. DAWN H FRASE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 24076 N. SHAGBARK		<b>Transaction ID: A2007-1054520</b>
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 18.25	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.45	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	73.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PATRICIA W FRIDLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 945 Shermer Road		<b>Transaction ID: A2007-1053886</b>	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 74.31	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 803.55	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA W FRIDLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 945 Shermer Road		<b>Transaction ID: A2007-1054378</b>	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 74.31	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 877.86	

Full Name (Last, First, Middle Initial) <b>C. KARL A FRIEDMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 333 DUNLEER DRIVE		<b>Transaction ID: A2007-1054471</b>	
City State Zip Code CARY IL 60013		Amount of Each Receipt this Period 16.31	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Allstate Financial Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	164.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MATTHEW D FULLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 350 EDGE FIELD LANE		<b>Transaction ID: A2007-1053885</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 477.24		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW D FULLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 350 EDGE FIELD LANE		<b>Transaction ID: A2007-1054377</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>C. ANGELA FUSCO</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 22255 MASHIE CT		<b>Transaction ID: A2007-1053818</b>	
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 26.97		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 318.74		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	106.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ANGELA FUSCO</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 22255 MASHIE CT		<b>Transaction ID: A2007-1054310</b>
City IVANHOE	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.97
Name of Employer Allstate Insurance Company	Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.71	

Full Name (Last, First, Middle Initial) <b>B. VINCENT A FUSCO</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 6 SUGAR MAPLE COURT		<b>Transaction ID: A2007-1053763</b>
City DIX HILLS	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.66
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.96	

Full Name (Last, First, Middle Initial) <b>C. VINCENT A FUSCO</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 6 SUGAR MAPLE COURT		<b>Transaction ID: A2007-1054255</b>
City DIX HILLS	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.66
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.62	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.29
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS F GAER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 5610 SOUTH 88th STREET		<b>Transaction ID: A2007-1054120</b>
City State Zip Code LINCOLN NE 68526	Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Nebraska Service Cent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.60	

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS F GAER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 5610 SOUTH 88th STREET		<b>Transaction ID: A2007-1054612</b>
City State Zip Code LINCOLN NE 68526	Amount of Each Receipt this Period 22.30	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Nebraska Service Cent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.90	

Full Name (Last, First, Middle Initial) <b>C. PATRICK C GALLERY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2321 WEST STEEPLECHASE		<b>Transaction ID: A2007-1053822</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 58.63	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President & Assistan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 688.58	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PATRICK C GALLERY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2321 WEST STEEPLECHASE		<b>Transaction ID: A2007-1054314</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 58.63	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President & Assistan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 747.21	

Full Name (Last, First, Middle Initial) <b>B. KAREN C GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1434 BAFFIN ROAD		<b>Transaction ID: A2007-1054118</b>
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 68.18	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 801.15	

Full Name (Last, First, Middle Initial) <b>C. KAREN C GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1434 BAFFIN ROAD		<b>Transaction ID: A2007-1054610</b>
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 68.18	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 869.33	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	194.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 255
	<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)  
JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code  
GURNEE IL 60031

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 ▼ 224.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053769

Amount of Each Receipt this Period  
18.98

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code  
GURNEE IL 60031

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 ▼ 243.94

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054261

Amount of Each Receipt this Period  
18.98

**C.** 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 Senior State Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053967

Amount of Each Receipt this Period  
36.07

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>74.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LYNN AGEHANT</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 23W650 WOODWORTH PLACE		<b>Transaction ID: A2007-1054459</b>
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 36.07	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 462.81	

Full Name (Last, First, Middle Initial) <b>B. BONNIE S GILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1570 EDGEFIELD LANE		<b>Transaction ID: A2007-1054119</b>
City State Zip Code HOFFMAN ESTATES IL 60195	Amount of Each Receipt this Period 30.53	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP State Team	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.80	

Full Name (Last, First, Middle Initial) <b>C. BONNIE S GILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1570 EDGEFIELD LANE		<b>Transaction ID: A2007-1054611</b>
City State Zip Code HOFFMAN ESTATES IL 60195	Amount of Each Receipt this Period 30.53	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP State Team	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.33	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	97.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 539.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1053766

Amount of Each Receipt this Period  
39.77

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

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 579.07

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

**Transaction ID:** A2007-1054258

Amount of Each Receipt this Period  
39.77

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

Mailing Address 83 CARIBOU CROSSING

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation Vice President Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1054007

Amount of Each Receipt this Period  
71.01

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.55
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MARLA F GLABE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 83 CARIBOU CROSSING		<b>Transaction ID: A2007-1054500</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 71.01
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Vice President Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 904.44		

Full Name (Last, First, Middle Initial) <b>B. ROBERT J GLOD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1016 N. DERBYSHIRE		<b>Transaction ID: A2007-1053941</b>	
City ARLINGTON HTS	State IL	Zip Code 60004	Amount of Each Receipt this Period 18.62
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 222.09		

Full Name (Last, First, Middle Initial) <b>C. ROBERT J GLOD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1016 N. DERBYSHIRE		<b>Transaction ID: A2007-1054433</b>	
City ARLINGTON HTS	State IL	Zip Code 60004	Amount of Each Receipt this Period 18.62
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 240.71		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. WILLIAM T GOFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 124 FLEETS COVE ROAD		<b>Transaction ID: A2007-1054259</b>	
City State Zip Code HUNTINGTON NY 11743	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Field Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.55		

Full Name (Last, First, Middle Initial) <b>B. BARBARA H GOHR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 1601 OLD BARN CIRCLE		<b>Transaction ID: A2007-1053870</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 26.89		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Administrative Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.31		

Full Name (Last, First, Middle Initial) <b>C. BARBARA H GOHR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 1601 OLD BARN CIRCLE		<b>Transaction ID: A2007-1054362</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 26.89		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Administrative Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 255
	<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)  
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 ▼ 259.23

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

**Transaction ID:** A2007-1053926

Amount of Each Receipt this Period  
19.88

**B.** 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 ▼ 279.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

**Transaction ID:** A2007-1054418

Amount of Each Receipt this Period  
19.88

**C.** Full Name (Last, First, Middle Initial)  
DENNIS C GOMEZ

Mailing Address 3 ROBERT 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 Vice President Human Reso

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

**Transaction ID:** A2007-1054289

Amount of Each Receipt this Period  
59.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► 99.23

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ANN A GOULD</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 4071 NEWPORT LANE		<b>Transaction ID: A2007-1054175</b>
City ARLINGTON HTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.84
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.23	

Full Name (Last, First, Middle Initial) <b>B. ANN A GOULD</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 4071 NEWPORT LANE		<b>Transaction ID: A2007-1054667</b>
City ARLINGTON HTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.84
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.07	

Full Name (Last, First, Middle Initial) <b>C. GEORGE F GRAWE</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 18799 GUNN HIGHWAY		<b>Transaction ID: A2007-1053867</b>
City ODESSA	State FL	Zip Code 33556
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.23	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	83.56
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 255
	<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)  
GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City ODESSA State FL Zip Code 33556

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 279.11

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054359

Amount of Each Receipt this Period  
19.88

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

Mailing Address 50 E. BELLEVUE PL. #2402

City CHICAGO State IL Zip Code 60611

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

Name of Employer Allstate Insurance Company Occupation Data Center Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 297.67

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1054094

Amount of Each Receipt this Period  
25.21

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

Mailing Address 50 E. BELLEVUE PL. #2402

City CHICAGO State IL Zip Code 60611

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

Name of Employer Allstate Insurance Company Occupation Data Center Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.88

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054587

Amount of Each Receipt this Period  
25.21

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JUDITH P GREFFIN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 948 NORTH EUCLID AVENUE		<b>Transaction ID: A2007-1053890</b>
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 39.69	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.17	

Full Name (Last, First, Middle Initial) <b>B. JUDITH P GREFFIN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 948 NORTH EUCLID AVENUE		<b>Transaction ID: A2007-1054382</b>
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 39.69	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 503.86	

Full Name (Last, First, Middle Initial) <b>C. MARK A GRELLA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1210 HADLEIGH DRIVE		<b>Transaction ID: A2007-1053794</b>
City State Zip Code WEST CHESTER PA 19380	Amount of Each Receipt this Period 48.13	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 564.61	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	127.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code  
WEST CHESTER PA 19380

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 612.74

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054286

Amount of Each Receipt this Period  
48.13

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

Mailing Address 804 QUEENS HARBOR BLVD

City State Zip Code  
JACKSONVILLE FL 32225

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

Name of Employer Allstate Insurance Company Occupation AVP Finance AFW

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.65

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1054062

Amount of Each Receipt this Period  
22.31

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

Mailing Address 804 QUEENS HARBOR BLVD

City State Zip Code  
JACKSONVILLE FL 32225

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

Name of Employer Allstate Insurance Company Occupation AVP Finance AFW

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.96

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054555

Amount of Each Receipt this Period  
22.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	92.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code  
SCOTTSDALE AZ 85254

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.78

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054150

Amount of Each Receipt this Period  
18.54

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

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code  
SCOTTSDALE AZ 85254

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054642

Amount of Each Receipt this Period  
18.54

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

Mailing Address 6608 OCASO DRIVE

City State Zip Code  
CASTLE ROCK CO 80108

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

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 321.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054171

Amount of Each Receipt this Period  
27.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 64.42

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KIRK HAGGARD</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 6608 OCASO DRIVE		<b>Transaction ID: A2007-1054663</b>	
City State Zip Code CASTLE ROCK CO 80108	Amount of Each Receipt this Period 27.34		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.92		

Full Name (Last, First, Middle Initial) <b>B. JAMES W HAIDU</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 3 South Wynstone		<b>Transaction ID: A2007-1054017</b>	
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 52.23		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Ivantage AVP Specialty Li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.42		

Full Name (Last, First, Middle Initial) <b>C. JAMES W HAIDU</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 3 South Wynstone		<b>Transaction ID: A2007-1054510</b>	
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 52.23		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Ivantage AVP Specialty Li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 667.65		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	131.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ROBERT F HAIR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 17 NORTH TRAIL		<b>Transaction ID: A2007-1054176</b>
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 25.71	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.77	

Full Name (Last, First, Middle Initial) <b>B. ROBERT F HAIR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 17 NORTH TRAIL		<b>Transaction ID: A2007-1054668</b>
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 25.71	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.48	

Full Name (Last, First, Middle Initial) <b>C. DANNY L HALE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1071 OLMSTED DRIVE		<b>Transaction ID: A2007-1054083</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 140.61	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP Chf Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1651.27	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	192.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 255
	<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)  
DANNY L HALE

Mailing Address 1071 OLMSTED DRIVE

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation SVP Chf Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1791.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054576

Amount of Each Receipt this Period  
140.61

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code  
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054041

Amount of Each Receipt this Period  
17.19

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code  
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.47

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054534

Amount of Each Receipt this Period  
17.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	174.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. RANDALL M HANSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 840 ALLEGHANY		<b>Transaction ID: A2007-1054128</b>
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 30.93	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.21	

Full Name (Last, First, Middle Initial) <b>B. RANDALL M HANSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 840 ALLEGHANY		<b>Transaction ID: A2007-1054620</b>
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 30.93	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.14	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL L HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1141 WINNERS CIRCLE		<b>Transaction ID: A2007-1054181</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 132.55	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1590.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	194.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL L HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 1141 WINNERS CIRCLE		<b>Transaction ID: A2007-1054673</b>	
City State Zip Code LIBERTYVILLE IL 60048		Amount of Each Receipt this Period 132.55	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1723.15	

Full Name (Last, First, Middle Initial) <b>B. FREDRICH A HATCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 8313 STRATHMORE LANE		<b>Transaction ID: A2007-1054639</b>	
City State Zip Code ROANOKE VA 24019		Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.55	

Full Name (Last, First, Middle Initial) <b>C. KEITH A HAUSCHILDT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 636 ROSEDALE AVE		<b>Transaction ID: A2007-1054375</b>	
City State Zip Code ROSELLE IL 60172		Amount of Each Receipt this Period 15.91	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP AF Operations & Techn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	164.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DANIEL J HEBEL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 28365 West Big Hollow Road		<b>Transaction ID: A2007-1053881</b>
City State Zip Code Ingleside IL 60041	Amount of Each Receipt this Period 65.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 764.00	

Full Name (Last, First, Middle Initial) <b>B. DANIEL J HEBEL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 28365 West Big Hollow Road		<b>Transaction ID: A2007-1054373</b>
City State Zip Code Ingleside IL 60041	Amount of Each Receipt this Period 65.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Fiel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 829.02	

Full Name (Last, First, Middle Initial) <b>C. RICHARD J HENEBERRY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 23 CLAYTON		<b>Transaction ID: A2007-1053907</b>
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 23.93	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Intract Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.26	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	153.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. RICHARD J HENEBERRY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 23 CLAYTON		<b>Transaction ID: A2007-1054399</b>	
City State Zip Code LAKE VILLA IL 60046		Amount of Each Receipt this Period 23.93	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation AVP Intract Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 306.19	

Full Name (Last, First, Middle Initial) <b>B. ROBERT L HERRING</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 4337 SPRUCE BOUGH DR		<b>Transaction ID: A2007-1054088</b>	
City State Zip Code MARIETTA GA 30062		Amount of Each Receipt this Period 29.55	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 348.95	

Full Name (Last, First, Middle Initial) <b>C. ROBERT L HERRING</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 4337 SPRUCE BOUGH DR		<b>Transaction ID: A2007-1054581</b>	
City State Zip Code MARIETTA GA 30062		Amount of Each Receipt this Period 29.55	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	83.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 2935 GLENARYE DRIVE

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 956.36

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053844

Amount of Each Receipt this Period  
83.08

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

Mailing Address 2935 GLENARYE DRIVE

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1039.44

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054336

Amount of Each Receipt this Period  
83.08

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

Mailing Address 49 DORAL STREET

City HURRICANE State WV Zip Code 25526

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

Name of Employer Allstate Insurance Company Occupation Market Distribution Leade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 271.06

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053848

Amount of Each Receipt this Period  
22.68

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>188.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MERRILD A HOOVER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 49 DORAL STREET		<b>Transaction ID: A2007-1054340</b>
City State Zip Code HURRICANE WV 25526	Amount of Each Receipt this Period 22.68	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.74	

Full Name (Last, First, Middle Initial) <b>B. MARY L HUBER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1532 NORTH BELMONT AVE.		<b>Transaction ID: A2007-1054079</b>
City State Zip Code ARLINGTON HTS. IL 60004	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.56	

Full Name (Last, First, Middle Initial) <b>C. MARY L HUBER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 1532 NORTH BELMONT AVE.		<b>Transaction ID: A2007-1054572</b>
City State Zip Code ARLINGTON HTS. IL 60004	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. STEPHEN L IHM</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 21558 W GOLDFINCH CT		<b>Transaction ID: A2007-1053993</b>	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 43.48		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 518.05		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN L IHM</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 21558 W GOLDFINCH CT		<b>Transaction ID: A2007-1054486</b>	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 43.48		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 561.53		

Full Name (Last, First, Middle Initial) <b>C. KENNETH A IRVIN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 6352 CRAGIE HILL CT		<b>Transaction ID: A2007-1054315</b>	
City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period 15.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Regional Claims Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	102.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LYNNE A IVERSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 890 BLAZING STAR TRAIL		<b>Transaction ID: A2007-1053951</b>	
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 5.47		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Senior Sourcing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.47		

Full Name (Last, First, Middle Initial) <b>B. LYNNE A IVERSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 890 BLAZING STAR TRAIL		<b>Transaction ID: A2007-1054443</b>	
City State Zip Code CARY IL 60013	Amount of Each Receipt this Period 21.86		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Senior Sourcing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.33		

Full Name (Last, First, Middle Initial) <b>C. BOB A JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 226 Maison Court		<b>Transaction ID: A2007-1054137</b>	
City State Zip Code Altamonte Springs FL 32714	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. BOB A JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 226 Maison Court		<b>Transaction ID: A2007-1054629</b>
City State Zip Code Altamonte Springs FL 32714	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.44	

Full Name (Last, First, Middle Initial) <b>B. JAMES C JAMIESON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 25 BRUCE CIRCLE NORTH		<b>Transaction ID: A2007-1053920</b>
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 31.89	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation F&P/Enterprise Risk Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.83	

Full Name (Last, First, Middle Initial) <b>C. JAMES C JAMIESON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 25 BRUCE CIRCLE NORTH		<b>Transaction ID: A2007-1054412</b>
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 31.89	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation F&P/Enterprise Risk Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	83.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LARRY D JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 21943 W VERNON RIDGE DRIVE		<b>Transaction ID: A2007-1053901</b>	
City State Zip Code MUNDELEIN IL 60060		Amount of Each Receipt this Period 52.99	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company Occupation AVP Catastrophe Managemen			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 628.67	

Full Name (Last, First, Middle Initial) <b>B. LARRY D JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 21943 W VERNON RIDGE DRIVE		<b>Transaction ID: A2007-1054393</b>	
City State Zip Code MUNDELEIN IL 60060		Amount of Each Receipt this Period 52.99	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company Occupation AVP Catastrophe Managemen			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 681.66	

Full Name (Last, First, Middle Initial) <b>C. LEWIS L JONES</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address P.O. BOX 498		<b>Transaction ID: A2007-1054339</b>	
City State Zip Code WADSWORTH IL 60083		Amount of Each Receipt this Period 16.28	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company Occupation Sales Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.09	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	122.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City State Zip Code  
CHICAGO IL 60646

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 508.27

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053979

Amount of Each Receipt this Period  
39.77

**B.** Full Name (Last, First, Middle Initial)  
DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City State Zip Code  
CHICAGO IL 60646

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 548.04

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

Transaction ID: A2007-1054472

Amount of Each Receipt this Period  
39.77

**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 Territorial Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.35

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

Transaction ID: A2007-1054262

Amount of Each Receipt this Period  
16.35

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY M KATHRENS</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 703 HIGHLAND CT		<b>Transaction ID: A2007-1054563</b>
City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.59
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.87	

Full Name (Last, First, Middle Initial) <b>B. JEFF L KAUFMAN</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 5271 SERENE VIEW WAY		<b>Transaction ID: A2007-1054143</b>
City PARKER	State CO	Zip Code 80134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.88
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 ▼ 906.88	

Full Name (Last, First, Middle Initial) <b>C. JEFF L KAUFMAN</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 5271 SERENE VIEW WAY		<b>Transaction ID: A2007-1054635</b>
City PARKER	State CO	Zip Code 80134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.88
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 ▼ 983.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	169.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MARY KEITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 2309 RFD		<b>Transaction ID: A2007-1054170</b>	
City State Zip Code LONG GROVE IL 60047		Amount of Each Receipt this Period 17.10	
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 ▼ 202.70	

Full Name (Last, First, Middle Initial) <b>B. MARY KEITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 2309 RFD		<b>Transaction ID: A2007-1054662</b>	
City State Zip Code LONG GROVE IL 60047		Amount of Each Receipt this Period 17.10	
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 ▼ 219.80	

Full Name (Last, First, Middle Initial) <b>C. TERRY KELAHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 924 W. CHESTERFIELD CT.		<b>Transaction ID: A2007-1053989</b>	
City State Zip Code PALATINE IL 60067		Amount of Each Receipt this Period 80.63	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President & General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	114.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="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)  
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 ▼ 1030.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054482

Amount of Each Receipt this Period  
80.63

**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 ▼ 235.89

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054018

Amount of Each Receipt this Period  
19.82

**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 ▼ 255.71

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054511

Amount of Each Receipt this Period  
19.82

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 120.27

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 255
	<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)  
DARON K KERSTEN

Mailing Address 548 TIMBER RIDGE DR

City State Zip Code  
LONGWOOD FL 32779

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053863

Amount of Each Receipt this Period  
23.08

**B.** Full Name (Last, First, Middle Initial)  
DARON K KERSTEN

Mailing Address 548 TIMBER RIDGE DR

City State Zip Code  
LONGWOOD FL 32779

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.59

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

Transaction ID: A2007-1054355

Amount of Each Receipt this Period  
23.08

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

Mailing Address 1975 ROSE TERRACE

City State Zip Code  
RIVERWOODS IL 60015

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 512.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053750

Amount of Each Receipt this Period  
43.12

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 1975 ROSE TERRACE

City State Zip Code  
RIVERWOODS IL 60015

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 556.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054242

Amount of Each Receipt this Period  
43.12

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

Mailing Address 1332 BAY MEADOWS DR

City 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 ▼ 434.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053923

Amount of Each Receipt this Period  
36.90

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

Mailing Address 1332 BAY MEADOWS DR

City 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 ▼ 470.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054415

Amount of Each Receipt this Period  
36.90

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	116.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PAUL N KIERIG</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 200 OXFORD RD		<b>Transaction ID: A2007-1053973</b>
City State Zip Code Tower Lakes IL 60010	Amount of Each Receipt this Period 24.49	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 290.52	

Full Name (Last, First, Middle Initial) <b>B. PAUL N KIERIG</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 200 OXFORD RD		<b>Transaction ID: A2007-1054466</b>
City State Zip Code Tower Lakes IL 60010	Amount of Each Receipt this Period 24.49	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 315.01	

Full Name (Last, First, Middle Initial) <b>C. BARBARA L KILROY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1036 VINEYARD DRIVE		<b>Transaction ID: A2007-1053832</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 17.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Audit Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.29	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 / 255						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. BARBARA L KILROY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1036 VINEYARD DRIVE		<b>Transaction ID: A2007-1054324</b>	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 17.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Audit Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.71		

Full Name (Last, First, Middle Initial) <b>B. JAMES P KING</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 592 TURNER AVENUE		<b>Transaction ID: A2007-1054046</b>	
City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 35.48		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 420.61		

Full Name (Last, First, Middle Initial) <b>C. JAMES P KING</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 592 TURNER AVENUE		<b>Transaction ID: A2007-1054539</b>	
City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 35.48		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 456.09		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	88.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 / 255						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LAURA S KISTNER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 22047 W. PETOSKEY CT		<b>Transaction ID: A2007-1054595</b>	
City State Zip Code PLAINFIELD IL 60544	Amount of Each Receipt this Period 16.65		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.00		

Full Name (Last, First, Middle Initial) <b>B. KEITH A KNAPP</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 175 Macarthur Dr #3712		<b>Transaction ID: A2007-1053894</b>	
City State Zip Code Willowbrook IL 60527	Amount of Each Receipt this Period 17.74		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Director DSN & CONST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.48		

Full Name (Last, First, Middle Initial) <b>C. KEITH A KNAPP</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 175 Macarthur Dr #3712		<b>Transaction ID: A2007-1054386</b>	
City State Zip Code Willowbrook IL 60527	Amount of Each Receipt this Period 17.74		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Director DSN & CONST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.22		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 255		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JEFFREY D KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2050 GLENDALE AVE		<b>Transaction ID: A2007-1054125</b>
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.12
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 ▼ 330.14	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY D KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2050 GLENDALE AVE		<b>Transaction ID: A2007-1054617</b>
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.12
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 ▼ 358.26	

Full Name (Last, First, Middle Initial) <b>C. MARY G KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2050 GLENDALE AVENUE		<b>Transaction ID: A2007-1053912</b>
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Allstate Financial Market	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.26	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	76.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MARY G KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2050 GLENDALE AVENUE		Transaction ID: A2007-1054404
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.88
Name of Employer Allstate Insurance Company	Occupation Allstate Financial Market	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.14	

Full Name (Last, First, Middle Initial) <b>B. GARY L KOCHANЕК</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 743 CARDIGAN CT		Transaction ID: A2007-1053930
City NAPERVILLE	State IL	Zip Code 60565
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.70
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.40	

Full Name (Last, First, Middle Initial) <b>C. GARY L KOCHANЕК</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 743 CARDIGAN CT		Transaction ID: A2007-1054422
City NAPERVILLE	State IL	Zip Code 60565
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.70
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="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)  
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 518.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053925

Amount of Each Receipt this Period  
39.77

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

Mailing Address 341 N FIORE PARKWAY

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 558.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054417

Amount of Each Receipt this Period  
39.77

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

Mailing Address 22401 BROOKSIDE WAY

City State Zip Code  
LAKE BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 793.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053977

Amount of Each Receipt this Period  
67.29

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	146.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL A LA MONICA</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 22401 BROOKSIDE WAY		<b>Transaction ID: A2007-1054470</b>
City State Zip Code LAKE BARRINGTON IL 60010	Amount of Each Receipt this Period 67.29	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 861.05	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY LASKA</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2707 SKYLINE DRIVE		<b>Transaction ID: A2007-1053774</b>
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 44.72	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.29	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY LASKA</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2707 SKYLINE DRIVE		<b>Transaction ID: A2007-1054266</b>
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 44.72	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 567.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	156.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 255
	<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)  
DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code  
CHICAGO IL 60605

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053900

Amount of Each Receipt this Period  
19.88

**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 Allstate Insurance Company Occupation Human Resource Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054392

Amount of Each Receipt this Period  
19.88

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

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 852.12

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1054131

Amount of Each Receipt this Period  
73.04

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.80

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PHILLIP E LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 900 PARK AVENUE NORTH		<b>Transaction ID: A2007-1054623</b>
City State Zip Code WINTER PARK FL 32789	Amount of Each Receipt this Period 73.04	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 925.16	

Full Name (Last, First, Middle Initial) <b>B. CATHY A LAZAROFF</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 910 S MICHIGAN AVE #1503		<b>Transaction ID: A2007-1053762</b>
City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 57.57	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 677.19	

Full Name (Last, First, Middle Initial) <b>C. CATHY A LAZAROFF</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 910 S MICHIGAN AVE #1503		<b>Transaction ID: A2007-1054254</b>
City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 57.57	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 734.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	188.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHELLE LEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 1404 100TH AVENUE NE		<b>Transaction ID: A2007-1054178</b>	
City State Zip Code BELLEVUE WA 98004	Amount of Each Receipt this Period 58.45		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 675.94		

Full Name (Last, First, Middle Initial) <b>B. MICHELLE LEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 1404 100TH AVENUE NE		<b>Transaction ID: A2007-1054670</b>	
City State Zip Code BELLEVUE WA 98004	Amount of Each Receipt this Period 58.45		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 734.39		

Full Name (Last, First, Middle Initial) <b>C. SUSAN L LEES</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 1705 DARTMOUTH LN		<b>Transaction ID: A2007-1053749</b>	
City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 24.55		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 285.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	141.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 255
	<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)  
SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City State Zip Code  
DEERFIELD IL 60015

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 ▼ 310.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054241

Amount of Each Receipt this Period  
24.55

**B.** Full Name (Last, First, Middle Initial)  
ANDREW P LEICHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code  
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 392.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053935

Amount of Each Receipt this Period  
32.69

**C.** Full Name (Last, First, Middle Initial)  
ANDREW P LEICHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code  
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 424.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054427

Amount of Each Receipt this Period  
32.69

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.93
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. NANCY L LEMKE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 5697 BROOKSTONE WALK		<b>Transaction ID: A2007-1054002</b>
City ACWORTH	State GA	Zip Code 30101
Amount of Each Receipt this Period 21.68		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Senior Field Corporate Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.01	

Full Name (Last, First, Middle Initial) <b>B. NANCY L LEMKE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 5697 BROOKSTONE WALK		<b>Transaction ID: A2007-1054495</b>
City ACWORTH	State GA	Zip Code 30101
Amount of Each Receipt this Period 21.68		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Senior Field Corporate Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.69	

Full Name (Last, First, Middle Initial) <b>C. KELLY J LIEN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 3 BEDFORD COURT		<b>Transaction ID: A2007-1054153</b>
City HAWTHORN WOODS	State IL	Zip Code 60047
Amount of Each Receipt this Period 17.36		
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 204.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KELLY J LIEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 3 BEDFORD COURT		<b>Transaction ID: A2007-1054645</b>	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 17.36	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.33	

Full Name (Last, First, Middle Initial) <b>B. TERESA G LOGUE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 7187 PRESIDENTIAL DRIVE		<b>Transaction ID: A2007-1053956</b>	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 22.44	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Direct Response	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 261.09	

Full Name (Last, First, Middle Initial) <b>C. TERESA G LOGUE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 7187 PRESIDENTIAL DRIVE		<b>Transaction ID: A2007-1054448</b>	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 22.44	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP Direct Response	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.53	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON #1

City State Zip Code  
CHICAGO IL 60613

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 ▼ 331.45

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2007

Transaction ID: A2007-1053988

Amount of Each Receipt this Period  
28.05

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON #1

City State Zip Code  
CHICAGO IL 60613

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 ▼ 359.50

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2007

Transaction ID: A2007-1054481

Amount of Each Receipt this Period  
28.05

**C.** Full Name (Last, First, Middle Initial)  
RICHARD E LOTT

Mailing Address 4666 SW HAMMOCK CREEK DR

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2007

Transaction ID: A2007-1054358

Amount of Each Receipt this Period  
16.35

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.45
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JOHN C LOUNDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 4424 STONEHAVEN		<b>Transaction ID: A2007-1054068</b>
City LONG GROVE	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.81
Name of Employer Allstate Insurance Company	Occupation Vice President Product AF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 431.85	

Full Name (Last, First, Middle Initial) <b>B. JOHN C LOUNDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 4424 STONEHAVEN		<b>Transaction ID: A2007-1054561</b>
City LONG GROVE	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.81
Name of Employer Allstate Insurance Company	Occupation Vice President Product AF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.66	

Full Name (Last, First, Middle Initial) <b>C. COREY C LUECHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 843 Spring Cove Dr		<b>Transaction ID: A2007-1054498</b>
City SCHAUMBURG	State IL	Zip Code 60193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
Name of Employer Allstate Insurance Company	Occupation Accounting Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. BENJAMIN E LUMICAO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 343 S. DEARBORN ST. APT. 504		<b>Transaction ID: A2007-1054031</b>
City State Zip Code CHICAGO IL 60604	Amount of Each Receipt this Period 30.64	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.48	

Full Name (Last, First, Middle Initial) <b>B. BENJAMIN E LUMICAO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 343 S. DEARBORN ST. APT. 504		<b>Transaction ID: A2007-1054524</b>
City State Zip Code CHICAGO IL 60604	Amount of Each Receipt this Period 30.64	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.12	

Full Name (Last, First, Middle Initial) <b>C. DANIEL J MACDONALD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2250 RIDGETRAIL DR		<b>Transaction ID: A2007-1054078</b>
City State Zip Code CASTLE ROCK CO 80104	Amount of Each Receipt this Period 23.99	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.73	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 121 / 255  
(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 J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company      Occupation Regional Distribution Lea

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      306.72

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

**Transaction ID:** A2007-1054571

Amount of Each Receipt this Period  
23.99

**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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      446.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1053773

Amount of Each Receipt this Period  
37.85

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

Mailing Address PO BOX 4343

City State Zip Code  
NAPERVILLE IL 60567

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

Name of Employer Allstate Insurance Company      Occupation Sales Director

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      483.90

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

**Transaction ID:** A2007-1054265

Amount of Each Receipt this Period  
37.85

**SUBTOTAL** of Receipts This Page (optional) ..... ► **99.69**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KATHERINE MALCOMSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 185 NILES EAST		<b>Transaction ID: A2007-1054065</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.18		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 226.01		

Full Name (Last, First, Middle Initial) <b>B. KATHERINE MALCOMSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 185 NILES EAST		<b>Transaction ID: A2007-1054558</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.18		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 245.19		

Full Name (Last, First, Middle Initial) <b>C. FELIX A MANTILLA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 28601 N. Sky Crest Drive		<b>Transaction ID: A2007-1054080</b>	
City State Zip Code Ivanhoe IL 60060	Amount of Each Receipt this Period 47.10		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 553.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. FELIX A MANTILLA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 28601 N. Sky Crest Drive		<b>Transaction ID: A2007-1054573</b>	
City State Zip Code Ivanhoe IL 60060	Amount of Each Receipt this Period 47.10		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.26		

Full Name (Last, First, Middle Initial) <b>B. KENNETH P MARCOTTE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2311 HAVERTON DR		<b>Transaction ID: A2007-1053940</b>	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 18.07		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.39		

Full Name (Last, First, Middle Initial) <b>C. KENNETH P MARCOTTE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 2311 HAVERTON DR		<b>Transaction ID: A2007-1054432</b>	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 18.07		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.46		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	83.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL P MARK</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 3178 HAVEN LANE		<b>Transaction ID: A2007-1054501</b>
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 37.67	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 211.65	

Full Name (Last, First, Middle Initial) <b>B. JOHN R MATHEWS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 401 E NORTH AVENUE		<b>Transaction ID: A2007-1054032</b>
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 258.72	

Full Name (Last, First, Middle Initial) <b>C. JOHN R MATHEWS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 401 E NORTH AVENUE		<b>Transaction ID: A2007-1054525</b>
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 278.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	77.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) A. W. D Mays		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 256 Post Oak Drive		Transaction ID: A2007-1053843
City Roanoke	State VA	Zip Code 24019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.20
Name of Employer Allstate Insurance Company	Occupation Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.20	

Full Name (Last, First, Middle Initial) B. W. D Mays		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 256 Post Oak Drive		Transaction ID: A2007-1054335
City Roanoke	State VA	Zip Code 24019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.20
Name of Employer Allstate Insurance Company	Occupation Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.40	

Full Name (Last, First, Middle Initial) C. MICHAEL J MC CABE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 8 S. WYNSTONE DRIVE		Transaction ID: A2007-1054145
City N. BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.77
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1291.19	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 126 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City State Zip Code  
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1410.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054637

Amount of Each Receipt this Period  
119.77

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

Mailing Address 155 BUCKLEY ROAD

City State Zip Code  
BARRINGTON HILL IL 60010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 886.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054016

Amount of Each Receipt this Period  
75.46

**C.** Full Name (Last, First, Middle Initial)  
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code  
BARRINGTON HILL IL 60010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 961.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054509

Amount of Each Receipt this Period  
75.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.69
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JOHN 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 ▼ 470.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053965

Amount of Each Receipt this Period  
39.76

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 509.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054457

Amount of Each Receipt this Period  
39.76

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

Mailing Address 222 STONE FENCE ROAD

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053788

Amount of Each Receipt this Period  
19.88

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	99.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 128 / 255  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 222 STONE FENCE ROAD

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company      Occupation Claim Director

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

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

Transaction ID: A2007-1054280

Amount of Each Receipt this Period  
19.88

**B.** 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      206.90

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

Transaction ID: A2007-1054322

Amount of Each Receipt this Period  
16.10

**C.** Full Name (Last, First, Middle Initial)  
MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company      Occupation AVP PCCSO

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      242.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054154

Amount of Each Receipt this Period  
20.82

**SUBTOTAL** of Receipts This Page (optional) ..... ► **56.80**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 129 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MARK A MCGILLIVRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1028 PORTSMOUTH CIRCLE		<b>Transaction ID: A2007-1054646</b>
City State Zip Code GURNEE IL 60031	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.82
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 ▼ 263.03	

Full Name (Last, First, Middle Initial) <b>B. EVA M MCINTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 28 MANCERA		<b>Transaction ID: A2007-1054149</b>
City State Zip Code RANCHO SANTA MA CA 92688	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.10
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.70	

Full Name (Last, First, Middle Initial) <b>C. EVA M MCINTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 28 MANCERA		<b>Transaction ID: A2007-1054641</b>
City State Zip Code RANCHO SANTA MA CA 92688	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.10
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>81.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City State Zip Code  
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 523.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053839

Amount of Each Receipt this Period  
44.59

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City State Zip Code  
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 567.70

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

Transaction ID: A2007-1054331

Amount of Each Receipt this Period  
44.59

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

Mailing Address 3133 N. Walker Lane West

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054159

Amount of Each Receipt this Period  
16.35

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.53**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PATRICIA S MCPHERSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 3133 N. Walker Lane West		<b>Transaction ID: A2007-1054651</b>	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Field Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY J MCRAE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1213 THORNDAL LN		<b>Transaction ID: A2007-1053876</b>	
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 20.88		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 246.30		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY J MCRAE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1213 THORNDAL LN		<b>Transaction ID: A2007-1054368</b>	
City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 20.88		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 267.18		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	58.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
GARY 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 ▼ 381.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053768

Amount of Each Receipt this Period  
32.47

**B.** 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 ▼ 413.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054260

Amount of Each Receipt this Period  
32.47

**C.** Full Name (Last, First, Middle Initial)  
JANE M MELLON

Mailing Address 184 GARFIELD

City State Zip Code  
ELMHURST IL 60126

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 ▼ 508.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053946

Amount of Each Receipt this Period  
39.77

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JANE M MELLON</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 184 GARFIELD		<b>Transaction ID: A2007-1054438</b>
City ELMHURST	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548.18	

Full Name (Last, First, Middle Initial) <b>B. HANS H METZINGER</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 407 E. CLAIRE LANE		<b>Transaction ID: A2007-1053998</b>
City PROSPECT HTS	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.69	

Full Name (Last, First, Middle Initial) <b>C. HANS H METZINGER</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 407 E. CLAIRE LANE		<b>Transaction ID: A2007-1054491</b>
City PROSPECT HTS	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	72.47
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JACK C MIGDAL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 4240 FOREST GLEN DRIVE		<b>Transaction ID: A2007-1054283</b>
City	State	Zip Code
HOFFMAN ESTATES	IL	60195
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.55	

Full Name (Last, First, Middle Initial) <b>B. FREDERICK J MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 6975 MEADOW POINT TER		<b>Transaction ID: A2007-1053896</b>
City	State	Zip Code
NEW MARKET	MD	21774
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.76
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.67	

Full Name (Last, First, Middle Initial) <b>C. FREDERICK J MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 6975 MEADOW POINT TER		<b>Transaction ID: A2007-1054388</b>
City	State	Zip Code
NEW MARKET	MD	21774
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.76
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.43	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>61.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 1625 THORNEAPPLE LANE

City ALGONQUIN State IL Zip Code 60102

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.01

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1054058

Amount of Each Receipt this Period  
19.88

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

Mailing Address 1625 THORNEAPPLE LANE

City ALGONQUIN State IL Zip Code 60102

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.89

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054551

Amount of Each Receipt this Period  
19.88

**C.** 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 Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 282.45

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053868

Amount of Each Receipt this Period  
24.15

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.91
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="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 State Zip Code  
SOUTH RIDING VA 20152

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

Name of Employer Allstate Insurance Company      Occupation Territorial Distribution

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.60

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2007

**Transaction ID:** A2007-1054360

Amount of Each Receipt this Period  
24.15

**B.** Full Name (Last, First, Middle Initial)  
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code  
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company      Occupation Underwriting Director

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.84

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2007

**Transaction ID:** A2007-1053754

Amount of Each Receipt this Period  
39.67

**C.** Full Name (Last, First, Middle Initial)  
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code  
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company      Occupation Underwriting Director

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.51

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2007

**Transaction ID:** A2007-1054246

Amount of Each Receipt this Period  
39.67

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	103.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LAWRENCE P MOEWS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 740 W. JENNIFER CT.		<b>Transaction ID: A2007-1053938</b>	
City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 49.41
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Investor R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.60		

Full Name (Last, First, Middle Initial) <b>B. LAWRENCE P MOEWS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 740 W. JENNIFER CT.		<b>Transaction ID: A2007-1054430</b>	
City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 49.41
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Investor R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.01		

Full Name (Last, First, Middle Initial) <b>C. MARCIE E MOLEK</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 400 KEVIN LANE		<b>Transaction ID: A2007-1053953</b>	
City GRAYSLAKE	State IL	Zip Code 60030	Amount of Each Receipt this Period 21.45
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MARCIE E MOLEK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 400 KEVIN LANE		<b>Transaction ID: A2007-1054445</b>	
City GRAYSLAKE	State IL	Zip Code 60030	Amount of Each Receipt this Period 21.45
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.95		

Full Name (Last, First, Middle Initial) <b>B. SHARON L MOLLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 19702 88TH AVE W		<b>Transaction ID: A2007-1054650</b>	
City EDMONDS	State WA	Zip Code 98026	Amount of Each Receipt this Period 16.35
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.55		

Full Name (Last, First, Middle Initial) <b>C. EDWARD J MORAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 131 ADELAIDE UNIT 406		<b>Transaction ID: A2007-1053829</b>	
City ELMHURST	State IL	Zip Code 60126	Amount of Each Receipt this Period 48.63
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 573.69		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 622.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054321

Amount of Each Receipt this Period  
48.63

**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 ▼ 468.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054035

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 ▼ 508.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054528

Amount of Each Receipt this Period  
39.76

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	128.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 255
	<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 E MOSER

Mailing Address 611 W. BURNING TREE LANE

City ARLINGTON HTS State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Sales Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 339.80

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053945

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 ARLINGTON HTS State IL Zip Code 60004

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

Name of Employer Allstate Insurance Company Occupation Sales Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 368.15

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054437

Amount of Each Receipt this Period  
28.35

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

Mailing Address 2445 CHERRY LANE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 343.30

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1053836

Amount of Each Receipt this Period  
29.10

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.80
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 141 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MEGHAN O MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		<b>Transaction ID: A2007-1054328</b>	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 29.10		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.40		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL F MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		<b>Transaction ID: A2007-1053931</b>	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 36.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.18		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL F MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 2445 CHERRY LANE		<b>Transaction ID: A2007-1054423</b>	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 36.84		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 471.02		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	102.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 255
	<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)  
MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City State Zip Code  
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 477.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054115

Amount of Each Receipt this Period  
39.76

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City State Zip Code  
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 516.88

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

Transaction ID: A2007-1054607

Amount of Each Receipt this Period  
39.76

**C.** Full Name (Last, First, Middle Initial)  
LINDA MYERS

Mailing Address 2333 CENTRAL ST #101

City State Zip Code  
EVANSTON IL 60201

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

Name of Employer Allstate Insurance Company Occupation Senior Tax Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.67

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

Transaction ID: A2007-1054596

Amount of Each Receipt this Period  
15.69

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.21
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 143 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID 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 AVP Ast General Counsel &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 566.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1054053

Amount of Each Receipt this Period  
48.54

**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 AVP Ast General Counsel &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 614.85

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

**Transaction ID:** A2007-1054546

Amount of Each Receipt this Period  
48.54

**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 ▼ 440.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1053960

Amount of Each Receipt this Period  
37.21

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.29
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="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 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 ▼ 477.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054452

Amount of Each Receipt this Period  
37.21

**B.** Full Name (Last, First, Middle Initial)  
JOAN M NAUGHTON-GERDES

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 CC IT Systems Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054033

Amount of Each Receipt this Period  
19.26

**C.** Full Name (Last, First, Middle Initial)  
JOAN M NAUGHTON-GERDES

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 CC IT Systems Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054526

Amount of Each Receipt this Period  
19.26

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.73
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 22622 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 Vice President Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1276.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053916

Amount of Each Receipt this Period  
108.80

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

Mailing Address 22622 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 Vice President Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1385.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054408

Amount of Each Receipt this Period  
108.80

**C.** Full Name (Last, First, Middle Initial)  
JEANNIE M NEWMAN

Mailing Address 9969 LONGVIEW DRIVE

City State Zip Code  
LITTLETON CO 80124

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

Name of Employer Allstate Insurance Company Occupation Territorial Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 214.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054144

Amount of Each Receipt this Period  
17.91

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.51

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JEANNIE M NEWMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 9969 LONGVIEW DRIVE		<b>Transaction ID: A2007-1054636</b>
City LITTLETON	State CO	Zip Code 80124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.91
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.83	

Full Name (Last, First, Middle Initial) <b>B. PATRICK K NOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 22451 THORNBURY CT		<b>Transaction ID: A2007-1054116</b>
City DEER PARK	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.86
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.69	

Full Name (Last, First, Middle Initial) <b>C. PATRICK K NOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 22451 THORNBURY CT		<b>Transaction ID: A2007-1054608</b>
City DEER PARK	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.86
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.55	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.63
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 147 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. THOMAS R NORTON</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1423 PIONEER COURT		<b>Transaction ID: A2007-1054540</b>
City State Zip Code WAUKEGAN IL 60085	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 29.30
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.90	

Full Name (Last, First, Middle Initial) <b>B. RICHARD C O'BRIEN</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 574 S. COUNTRY RIDGE		<b>Transaction ID: A2007-1053908</b>
City State Zip Code LAKE ZURICH IL 60047	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 18.52
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 ▼ 218.24	

Full Name (Last, First, Middle Initial) <b>C. RICHARD C O'BRIEN</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 574 S. COUNTRY RIDGE		<b>Transaction ID: A2007-1054400</b>
City State Zip Code LAKE ZURICH IL 60047	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 18.52
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 ▼ 236.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>66.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 148 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JOHN O'MALLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1816 ASPEN LANE		<b>Transaction ID: A2007-1054518</b>
City State Zip Code MOUNT PROSPECT IL 60056	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 16.35
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.15	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL P O'SHEA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2505 NEWPORT DRIVE		<b>Transaction ID: A2007-1053790</b>
City State Zip Code NAPERVILLE IL 60565	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.76
Name of Employer Allstate Insurance Company	Occupation Agency Consulting Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.02	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL P O'SHEA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2505 NEWPORT DRIVE		<b>Transaction ID: A2007-1054282</b>
City State Zip Code NAPERVILLE IL 60565	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.76
Name of Employer Allstate Insurance Company	Occupation Agency Consulting Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.78	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>67.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ROGER D ODLE II</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 5170 BARCROFT DRIVE		<b>Transaction ID: A2007-1054022</b>
City State Zip Code HOFFMAN ESTATES IL 60010	Amount of Each Receipt this Period 33.28	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.36	

Full Name (Last, First, Middle Initial) <b>B. ROGER D ODLE II</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 5170 BARCROFT DRIVE		<b>Transaction ID: A2007-1054515</b>
City State Zip Code HOFFMAN ESTATES IL 60010	Amount of Each Receipt this Period 33.28	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.64	

Full Name (Last, First, Middle Initial) <b>C. KATHY A OLCESE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 35 YORK ST		<b>Transaction ID: A2007-1053898</b>
City State Zip Code HUDSON OH 44236	Amount of Each Receipt this Period 23.66	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Risk Management Busin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 150 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KATHY A OLCESE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 35 YORK ST		<b>Transaction ID: A2007-1054390</b>
City HUDSON	State OH	Zip Code 44236
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 23.66
Name of Employer Allstate Insurance Company	Occupation AVP Risk Management Busin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.59	

Full Name (Last, First, Middle Initial) <b>B. CRAIG A OLDHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2606 N Paulina ST		<b>Transaction ID: A2007-1054087</b>
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 34.02
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 ▼ 400.14	

Full Name (Last, First, Middle Initial) <b>C. CRAIG A OLDHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 2606 N Paulina ST		<b>Transaction ID: A2007-1054580</b>
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 34.02
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 ▼ 434.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	91.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 / 255
	(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)  
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 Procuremen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 768.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054104

Amount of Each Receipt this Period  
64.62

**B.** 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 Procuremen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 832.74

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

Transaction ID: A2007-1054597

Amount of Each Receipt this Period  
64.62

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

Mailing Address 9352 ANSLEY LANE

City State Zip Code  
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 423.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053874

Amount of Each Receipt this Period  
35.79

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.03
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PAMELA J OVERTON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 9352 ANSLEY LANE		<b>Transaction ID: A2007-1054366</b>
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 35.79	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 459.22	

Full Name (Last, First, Middle Initial) <b>B. ALAN D PAGE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 13530 LUCKY LAKE DRIVE		<b>Transaction ID: A2007-1054172</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 36.35	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.09	

Full Name (Last, First, Middle Initial) <b>C. ALAN D PAGE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 13530 LUCKY LAKE DRIVE		<b>Transaction ID: A2007-1054664</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 36.35	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	108.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DEAN T PAPPAS</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 3406 VICEROY COURT		<b>Transaction ID: A2007-1053831</b>
City State Zip Code EDGEWATER MD 21037	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.03	

Full Name (Last, First, Middle Initial) <b>B. DEAN T PAPPAS</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 3406 VICEROY COURT		<b>Transaction ID: A2007-1054323</b>
City State Zip Code EDGEWATER MD 21037	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 536.80	

Full Name (Last, First, Middle Initial) <b>C. ROBERT L PARK</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 1107 BONITA DRIVE		<b>Transaction ID: A2007-1054023</b>
City State Zip Code PARK RIDGE IL 60068	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 52.51
Name of Employer Allstate Insurance Company	Occupation AVP Public Relations Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.41	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>132.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ROBERT L PARK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1107 BONITA DRIVE		<b>Transaction ID: A2007-1054516</b>
City State Zip Code PARK RIDGE IL 60068	Amount of Each Receipt this Period 52.51	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Public Relations Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 671.92	

Full Name (Last, First, Middle Initial) <b>B. ROGER D PARKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1305 N MAIDSTONE		<b>Transaction ID: A2007-1054167</b>
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 47.78	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.09	

Full Name (Last, First, Middle Initial) <b>C. ROGER D PARKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1305 N MAIDSTONE		<b>Transaction ID: A2007-1054659</b>
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 47.78	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.87	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	148.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MAYUR M PATEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 742 E PARKVIEW CT		<b>Transaction ID: A2007-1053962</b>
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 30.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.76	

Full Name (Last, First, Middle Initial) <b>B. MAYUR M PATEL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 742 E PARKVIEW CT		<b>Transaction ID: A2007-1054454</b>
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 30.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.09	

Full Name (Last, First, Middle Initial) <b>C. CHARLES PAUL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 301 CAMELOT LANE		<b>Transaction ID: A2007-1053817</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 71.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Stra	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	132.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. CHARLES PAUL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 301 CAMELOT LANE		<b>Transaction ID: A2007-1054309</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 71.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Vice President PCCSO Stra		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 926.79		

Full Name (Last, First, Middle Initial) <b>B. RONALD J PEPPING</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 934 LEWIS PLACE		<b>Transaction ID: A2007-1053999</b>	
City State Zip Code GENEVA IL 60134	Amount of Each Receipt this Period 29.57		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Ivantage Financial Manage		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.14		

Full Name (Last, First, Middle Initial) <b>C. RONALD J PEPPING</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 934 LEWIS PLACE		<b>Transaction ID: A2007-1054492</b>	
City State Zip Code GENEVA IL 60134	Amount of Each Receipt this Period 29.57		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Ivantage Financial Manage		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.71		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	130.68
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 255
	<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)  
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 ▼ 556.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053779

Amount of Each Receipt this Period  
47.43

**B.** Full Name (Last, First, Middle Initial)  
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code  
LAKE FOREST IL 60045

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054271

Amount of Each Receipt this Period  
47.43

**C.** Full Name (Last, First, Middle Initial)  
NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code  
ROCKFORD IL 61114

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054021

Amount of Each Receipt this Period  
17.44

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code  
ROCKFORD IL 61114

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.77

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

Transaction ID: A2007-1054514

Amount of Each Receipt this Period  
17.44

**B.** Full Name (Last, First, Middle Initial)  
JUDITH M PETRAY

Mailing Address 539 KELMORE ST

City State Zip Code  
MOSS BEACH CA 94038

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 ▼ 212.55

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

Transaction ID: A2007-1054243

Amount of Each Receipt this Period  
16.35

**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 ▼ 574.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053778

Amount of Each Receipt this Period  
48.84

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	82.63
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. STEVEN A PETTI</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 580 SALCEDA DR		<b>Transaction ID: A2007-1054270</b>
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 48.84	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Property & Casualty F	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.37	

Full Name (Last, First, Middle Initial) <b>B. JOHN C PINTOZZI</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 2116 W CHURCHILL ST		<b>Transaction ID: A2007-1053915</b>
City State Zip Code CHICAGO IL 60647	Amount of Each Receipt this Period 65.52	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Finance -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.50	

Full Name (Last, First, Middle Initial) <b>C. JOHN C PINTOZZI</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 2116 W CHURCHILL ST		<b>Transaction ID: A2007-1054407</b>
City State Zip Code CHICAGO IL 60647	Amount of Each Receipt this Period 65.52	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Finance -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	179.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 160 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DAVID J PRENDERGAST</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2816 HAVEN LANE		<b>Transaction ID: A2007-1053771</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 37.56	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 446.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID J PRENDERGAST</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 2816 HAVEN LANE		<b>Transaction ID: A2007-1054263</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 37.56	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 483.56	

Full Name (Last, First, Middle Initial) <b>C. MARTIN PRZYGODA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 17516 KATIE COURT		<b>Transaction ID: A2007-1053927</b>	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 27.71	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 326.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	102.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MARTIN PRZYGODA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 17516 KATIE COURT		<b>Transaction ID: A2007-1054419</b>	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 27.71		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 353.72		

Full Name (Last, First, Middle Initial) <b>B. THOMAS G PURTELL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 22663 CHESHIRE COURT		<b>Transaction ID: A2007-1054050</b>	
City State Zip Code DEER PARK IL 60010	Amount of Each Receipt this Period 21.60		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 253.10		

Full Name (Last, First, Middle Initial) <b>C. THOMAS G PURTELL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 22663 CHESHIRE COURT		<b>Transaction ID: A2007-1054543</b>	
City State Zip Code DEER PARK IL 60010	Amount of Each Receipt this Period 21.60		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 274.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JORGE A QUEZADA</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 1407 W. GROVE ST		<b>Transaction ID: A2007-1054180</b>
City State Zip Code ARLINGTON HGTS IL 60005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 29.46
Name of Employer Allstate Insurance Company	Occupation Senior Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.92	

Full Name (Last, First, Middle Initial) <b>B. JORGE A QUEZADA</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1407 W. GROVE ST		<b>Transaction ID: A2007-1054672</b>
City State Zip Code ARLINGTON HGTS IL 60005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 29.46
Name of Employer Allstate Insurance Company	Occupation Senior Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.38	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH P RATH</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 359 STAFFORD COURT		<b>Transaction ID: A2007-1053887</b>
City State Zip Code LAKE FOREST IL 60045	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 56.17
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 661.09	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 163 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JOSEPH P RATH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 359 STAFFORD COURT		<b>Transaction ID: A2007-1054379</b>
City <b>LAKE FOREST</b>	State <b>IL</b>	Zip Code <b>60045</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>56.17</b>
Name of Employer Allstate Insurance Company	Occupation <b>AVP Ast General Counsel &amp;</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>717.26</b>	

Full Name (Last, First, Middle Initial) <b>B. JOHN B REARDON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 441 KELLY LANE		<b>Transaction ID: A2007-1053756</b>
City <b>CRYSTAL LAKE</b>	State <b>IL</b>	Zip Code <b>60012</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>40.75</b>
Name of Employer Allstate Insurance Company	Occupation <b>Claims Senior Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>485.65</b>	

Full Name (Last, First, Middle Initial) <b>C. JOHN B REARDON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 441 KELLY LANE		<b>Transaction ID: A2007-1054248</b>
City <b>CRYSTAL LAKE</b>	State <b>IL</b>	Zip Code <b>60012</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>40.75</b>
Name of Employer Allstate Insurance Company	Occupation <b>Claims Senior Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>526.40</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>137.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JOSEPH J RICHARDSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1411 PARSONS LANE		<b>Transaction ID: A2007-1053820</b>
City LOWER GWYNEDD	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 69.23
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 793.11	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH J RICHARDSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1411 PARSONS LANE		<b>Transaction ID: A2007-1054312</b>
City LOWER GWYNEDD	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 69.23
Name of Employer Allstate Insurance Company	Occupation Vice President Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 862.34	

Full Name (Last, First, Middle Initial) <b>C. ROBIN R RICHMOND</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 9 HAWTHORN GROVE CIRCLE		<b>Transaction ID: A2007-1054043</b>
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.54
Name of Employer Allstate Insurance Company	Occupation AVP Technology Shared Ser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.46	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>164.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 165 / 255  
(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)  
ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

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 Technology Shared Ser

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      326.00

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

**Transaction ID:** A2007-1054536

Amount of Each Receipt this Period  
25.54

**B.** Full Name (Last, First, Middle Initial)  
ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City State Zip Code  
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company      Occupation AVP Homeowner Initiative

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      553.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1053825

Amount of Each Receipt this Period  
47.17

**C.** Full Name (Last, First, Middle Initial)  
ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City State Zip Code  
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company      Occupation AVP Homeowner Initiative

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      600.47

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

**Transaction ID:** A2007-1054317

Amount of Each Receipt this Period  
47.17

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.88**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JESSICA D RIVERA</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 2055 LOCKRIDGE PLACE		<b>Transaction ID: A2007-1054177</b>
City State Zip Code EL DORADO HILLS CA 95762	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 0.10
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.97	

Full Name (Last, First, Middle Initial) <b>B. JESSICA D RIVERA</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 2055 LOCKRIDGE PLACE		<b>Transaction ID: A2007-1054669</b>
City State Zip Code EL DORADO HILLS CA 95762	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 13.40
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.37	

Full Name (Last, First, Middle Initial) <b>C. MARIO RIZZO</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 5926 W. 90TH PLACE		<b>Transaction ID: A2007-1053975</b>
City State Zip Code OAK LAWN IL 60453	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.41
Name of Employer Allstate Insurance Company	Occupation AVP Property & Casualty F	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>53.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 167 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MARIO RIZZO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 5926 W. 90TH PLACE		<b>Transaction ID: A2007-1054468</b>	
City State Zip Code OAK LAWN IL 60453		Amount of Each Receipt this Period 40.41	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation AVP Property & Casualty F	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.56	

Full Name (Last, First, Middle Initial) <b>B. CLAY F ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 3075 Sanders Road Suite G2E		<b>Transaction ID: A2007-1054168</b>	
City State Zip Code Northbrook IL 60062		Amount of Each Receipt this Period 34.53	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 411.81	

Full Name (Last, First, Middle Initial) <b>C. CLAY F ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 3075 Sanders Road Suite G2E		<b>Transaction ID: A2007-1054660</b>	
City State Zip Code Northbrook IL 60062		Amount of Each Receipt this Period 34.53	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 446.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	109.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DANIEL 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 Marketing Claims Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.74

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	7

Transaction ID: A2007-1053814

Amount of Each Receipt this Period  
21.07

**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 Marketing Claims Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.81

Date of Receipt  

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

Transaction ID: A2007-1054306

Amount of Each Receipt this Period  
21.07

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code  
AURORA IL 60506

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

Name of Employer Allstate Insurance Company Occupation SVP-PROTECTION TECH & ADM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.76

Date of Receipt  

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

Transaction ID: A2007-1054483

Amount of Each Receipt this Period  
93.92

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	136.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. GREGORY C ROHLFING</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 106 ASHLAND		<b>Transaction ID: A2007-1053911</b>	
City State Zip Code RIVER FOREST IL 60305		Amount of Each Receipt this Period 39.77	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 477.24	

Full Name (Last, First, Middle Initial) <b>B. GREGORY C ROHLFING</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 106 ASHLAND		<b>Transaction ID: A2007-1054403</b>	
City State Zip Code RIVER FOREST IL 60305		Amount of Each Receipt this Period 39.77	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 517.01	

Full Name (Last, First, Middle Initial) <b>C. DONNA J ROSEMEYER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 810 S THURLOW STREET		<b>Transaction ID: A2007-1053984</b>	
City State Zip Code HINSDALE IL 60521		Amount of Each Receipt this Period 28.54	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President PCCSO Fiel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 337.31	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	108.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code  
HINSDALE IL 60521

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054477

Amount of Each Receipt this Period  
28.54

**B.** Full Name (Last, First, Middle Initial)  
JACQUELINE A ROTHE

Mailing Address 4763 WELLINGTON DRIVE

City State Zip Code  
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054666

Amount of Each Receipt this Period  
16.35

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

Mailing Address 1431 STEVENSON DR

City State Zip Code  
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Procurement Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054200

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	294.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 171 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
GEORGE 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 SVP-P-CCSO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1505.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054039

Amount of Each Receipt this Period  
126.92

**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 SVP-P-CCSO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1632.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054532

Amount of Each Receipt this Period  
126.92

**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 / 08 / 2007

Transaction ID: A2007-1053809

Amount of Each Receipt this Period  
21.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.64**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 172 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DOREEN M RYAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 17 ALSTON COURT		<b>Transaction ID: A2007-1054301</b>	
City State Zip Code RED BANK NJ 07701	Amount of Each Receipt this Period 21.80		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Managing Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.40		

Full Name (Last, First, Middle Initial) <b>B. PAUL R RYSKE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 898 E. LONGWOOD DR.		<b>Transaction ID: A2007-1053909</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 269.60		

Full Name (Last, First, Middle Initial) <b>C. PAUL R RYSKE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 898 E. LONGWOOD DR.		<b>Transaction ID: A2007-1054401</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 289.48		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	61.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL A SCARDINA</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 51 SOUTH ROYAL OAK		<b>Transaction ID: A2007-1053889</b>	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 28.28		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Asset Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.78		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A SCARDINA</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 51 SOUTH ROYAL OAK		<b>Transaction ID: A2007-1054381</b>	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 28.28		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Asset Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.06		

Full Name (Last, First, Middle Initial) <b>C. PATRICK J SCHNEIDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 210 NORTH TRAIL		<b>Transaction ID: A2007-1054026</b>	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 28.77		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 339.69		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
PATRICK J 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 ▼ 368.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054519

Amount of Each Receipt this Period  
28.77

**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 ▼ 587.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053811

Amount of Each Receipt this Period  
50.37

**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 ▼ 638.01

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054303

Amount of Each Receipt this Period  
50.37

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	129.51
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DALE J SCHUELLER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 2941 GLENARYE DRIVE		<b>Transaction ID: A2007-1054613</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 16.05	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Field Administration Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.20	

Full Name (Last, First, Middle Initial) <b>B. DAVID I SCHUR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1216 SANDHURST DRIVE		<b>Transaction ID: A2007-1053957</b>	
City State Zip Code BUFFALO GROVE IL 60089		Amount of Each Receipt this Period 22.98	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 271.61	

Full Name (Last, First, Middle Initial) <b>C. DAVID I SCHUR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1216 SANDHURST DRIVE		<b>Transaction ID: A2007-1054449</b>	
City State Zip Code BUFFALO GROVE IL 60089		Amount of Each Receipt this Period 22.98	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 176 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL D SCHUSTER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 526 LANGE COURT		<b>Transaction ID: A2007-1054155</b>	
City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 18.05
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 214.29		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL D SCHUSTER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 526 LANGE COURT		<b>Transaction ID: A2007-1054647</b>	
City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 18.05
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 232.34		

Full Name (Last, First, Middle Initial) <b>C. DAVID J SCHWARTZER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1911 205TH PL NE		<b>Transaction ID: A2007-1054077</b>	
City SAMMAMISH	State WA	Zip Code 98074	Amount of Each Receipt this Period 46.15
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 517.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	82.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 177 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City State Zip Code  
SAMMAMISH WA 98074

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054570

Amount of Each Receipt this Period  
46.15

**B.** Full Name (Last, First, Middle Initial)  
ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City State Zip Code  
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054279

Amount of Each Receipt this Period  
16.35

**C.** Full Name (Last, First, Middle Initial)  
ROBERT M SCULLY

Mailing Address 302 NORTH VILLAGE ST

City State Zip Code  
CELEBRATION FL 34747

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  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053772

Amount of Each Receipt this Period  
19.88

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	82.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ROBERT M SCULLY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 302 NORTH VILLAGE ST		<b>Transaction ID: A2007-1054264</b>
City State Zip Code CELEBRATION FL 34747	Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.44	

Full Name (Last, First, Middle Initial) <b>B. DANNY R SELLERS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 5903 87TH ST		<b>Transaction ID: A2007-1054107</b>
City State Zip Code LUBBOCK TX 79424	Amount of Each Receipt this Period 23.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.82	

Full Name (Last, First, Middle Initial) <b>C. DANNY R SELLERS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 5903 87TH ST		<b>Transaction ID: A2007-1054600</b>
City State Zip Code LUBBOCK TX 79424	Amount of Each Receipt this Period 23.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 179 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. STACY Y SHARPE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 2 E. Erie #1506		<b>Transaction ID: A2007-1054015</b>	
City State Zip Code Chicago IL 60611		Amount of Each Receipt this Period 30.63	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.66	

Full Name (Last, First, Middle Initial) <b>B. STACY Y SHARPE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 2 E. Erie #1506		<b>Transaction ID: A2007-1054508</b>	
City State Zip Code Chicago IL 60611		Amount of Each Receipt this Period 30.63	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 391.29	

Full Name (Last, First, Middle Initial) <b>C. STEVEN E SHEBIK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 517 ROBINWOOD LANE		<b>Transaction ID: A2007-1053983</b>	
City State Zip Code WHEATON IL 60187		Amount of Each Receipt this Period 78.74	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Vice President Property/C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 926.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 517 ROBINWOOD LANE

City State Zip Code  
WHEATON IL 60187

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

Name of Employer Allstate Insurance Company Occupation Vice President Property/C

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.49

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054476

Amount of Each Receipt this Period  
78.74

**B.** Full Name (Last, First, Middle Initial)  
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code  
HIGHLAND PARK IL 60035

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053904

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 ▼ 255.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054396

Amount of Each Receipt this Period  
19.88

**SUBTOTAL** of Receipts This Page (optional) ..... ► **118.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DENIS C SHUNTA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 5200 RIDGEGATE WAY		<b>Transaction ID: A2007-1054061</b>
City State Zip Code FAIR OAKS CA 95628	Amount of Each Receipt this Period 21.80	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.40	

Full Name (Last, First, Middle Initial) <b>B. DENIS C SHUNTA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 5200 RIDGEGATE WAY		<b>Transaction ID: A2007-1054554</b>
City State Zip Code FAIR OAKS CA 95628	Amount of Each Receipt this Period 21.80	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.20	

Full Name (Last, First, Middle Initial) <b>C. ROBERT L SIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 418 DEUCE DRIVE		<b>Transaction ID: A2007-1053801</b>
City State Zip Code WALL NJ 07719	Amount of Each Receipt this Period 28.57	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 337.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	72.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 255
	<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)  
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City WALL State NJ Zip Code 07719

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 ▼ 365.91

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

Transaction ID: A2007-1054293

Amount of Each Receipt this Period  
 28.57

**B.** Full Name (Last, First, Middle Initial)  
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 428.58

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054136

Amount of Each Receipt this Period  
 36.24

**C.** Full Name (Last, First, Middle Initial)  
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.82

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

Transaction ID: A2007-1054628

Amount of Each Receipt this Period  
 36.24

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	101.05
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 183 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ANNE E SIMPSON</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 632 ONWENTSIA AVENUE		<b>Transaction ID: A2007-1053914</b>
City HIGHLAND PARK	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.51
Name of Employer Allstate Insurance Company	Occupation Tax Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.12	

Full Name (Last, First, Middle Initial) <b>B. ANNE E SIMPSON</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 632 ONWENTSIA AVENUE		<b>Transaction ID: A2007-1054406</b>
City HIGHLAND PARK	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.51
Name of Employer Allstate Insurance Company	Occupation Tax Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.63	

Full Name (Last, First, Middle Initial) <b>C. JOHN G SINNICKI</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 2117 CARROLL CREEK VIEW CT		<b>Transaction ID: A2007-1053869</b>
City FREDERICK	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.95
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code  
FREDERICK MD 21702

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.45

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054361

Amount of Each Receipt this Period  
19.95

**B.** Full Name (Last, First, Middle Initial)  
KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 474.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054024

Amount of Each Receipt this Period  
40.20

**C.** Full Name (Last, First, Middle Initial)  
KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation VP AF Admin Serv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 514.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054517

Amount of Each Receipt this Period  
40.20

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. KIMBERLY J SLOANE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 378 N. VISTA AVE		<b>Transaction ID: A2007-1054004</b>	
City State Zip Code LOMBARD IL 60148	Amount of Each Receipt this Period 38.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Reserve Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.75		

Full Name (Last, First, Middle Initial) <b>B. KIMBERLY J SLOANE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 378 N. VISTA AVE		<b>Transaction ID: A2007-1054497</b>	
City State Zip Code LOMBARD IL 60148	Amount of Each Receipt this Period 38.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claim Reserve Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 488.10		

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1008 CHESAPEAK BLVD		<b>Transaction ID: A2007-1054347</b>	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Territorial Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.25		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	93.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 186 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. CHARLES M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 414 E. Burr Oak Dr.		<b>Transaction ID: A2007-1054082</b>	
City Arlington Heights	State IL	Zip Code 60004	Amount of Each Receipt this Period 30.84
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.43		

Full Name (Last, First, Middle Initial) <b>B. CHARLES M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 414 E. Burr Oak Dr.		<b>Transaction ID: A2007-1054575</b>	
City Arlington Heights	State IL	Zip Code 60004	Amount of Each Receipt this Period 30.84
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.27		

Full Name (Last, First, Middle Initial) <b>C. ELIAS SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2751 SW BEAR PAW TRAIL		<b>Transaction ID: A2007-1053807</b>	
City PALM CITY	State FL	Zip Code 34990	Amount of Each Receipt this Period 22.25
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Market Distribution Leade		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	83.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 255
	<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)  
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 Market Distribution Leade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054299

Amount of Each Receipt this Period  
22.25

**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 Distribution and Chann

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 693.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053986

Amount of Each Receipt this Period  
58.76

**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 Distribution and Chann

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 751.91

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054479

Amount of Each Receipt this Period  
58.76

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	139.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 188 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. RANDALL D SNITTJER</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 11423 E. Blue Sky Drive		<b>Transaction ID: A2007-1054126</b>	
City State Zip Code Scottsdale AZ 85262		Amount of Each Receipt this Period 26.86	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.92	

Full Name (Last, First, Middle Initial) <b>B. RANDALL D SNITTJER</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 11423 E. Blue Sky Drive		<b>Transaction ID: A2007-1054618</b>	
City State Zip Code Scottsdale AZ 85262		Amount of Each Receipt this Period 26.86	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.78	

Full Name (Last, First, Middle Initial) <b>C. STEVEN P SORENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 20712 High Ridge Dr		<b>Transaction ID: A2007-1054069</b>	
City State Zip Code KILDEER IL 60047		Amount of Each Receipt this Period 75.16	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 880.62	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	128.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 189 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. STEVEN P SORENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 20712 High Ridge Dr		<b>Transaction ID: A2007-1054562</b>
City KILDEER	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.16
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 955.78	

Full Name (Last, First, Middle Initial) <b>B. KEVIN A SPATARO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1663 SARATOGA LANE		<b>Transaction ID: A2007-1054045</b>
City GLENVIEW	State IL	Zip Code 60026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.70
Name of Employer Allstate Insurance Company	Occupation AVP Account Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.67	

Full Name (Last, First, Middle Initial) <b>C. KEVIN A SPATARO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1663 SARATOGA LANE		<b>Transaction ID: A2007-1054538</b>
City GLENVIEW	State IL	Zip Code 60026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.70
Name of Employer Allstate Insurance Company	Occupation AVP Account Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>128.56</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 190 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. EDWIN M SPECHT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 740 AMBRIA DRIVE		<b>Transaction ID: A2007-1053828</b>
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 34.53	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 406.61	

Full Name (Last, First, Middle Initial) <b>B. EDWIN M SPECHT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 740 AMBRIA DRIVE		<b>Transaction ID: A2007-1054320</b>
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 34.53	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 441.14	

Full Name (Last, First, Middle Initial) <b>C. JAMES G SPORLEDER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 20 LAKESIDE LANE		<b>Transaction ID: A2007-1054038</b>
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 26.78	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 315.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code  
N. BARRINGTON IL 60010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 341.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054531

Amount of Each Receipt this Period  
26.78

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

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 471.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053892

Amount of Each Receipt this Period  
41.02

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

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 512.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054384

Amount of Each Receipt this Period  
41.02

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	108.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. EMORY D STEPHENS JR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 4711 N WOLCOTT AVE		<b>Transaction ID: A2007-1053854</b>	
City State Zip Code CHICAGO IL 60640		Amount of Each Receipt this Period 38.73	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation AVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.31	

Full Name (Last, First, Middle Initial) <b>B. EMORY D STEPHENS JR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 4711 N WOLCOTT AVE		<b>Transaction ID: A2007-1054346</b>	
City State Zip Code CHICAGO IL 60640		Amount of Each Receipt this Period 38.73	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation AVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.04	

Full Name (Last, First, Middle Initial) <b>C. GARY S STERE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2015 SELVA MADERA COURT		<b>Transaction ID: A2007-1053865</b>	
City State Zip Code ATLANTIC BEACH FL 32233		Amount of Each Receipt this Period 37.14	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 438.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	114.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. GARY S STERE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 2015 SELVA MADERA COURT		<b>Transaction ID: A2007-1054357</b>	
City ATLANTIC BEACH	State FL	Zip Code 32233	Amount of Each Receipt this Period 37.14
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 476.02		

Full Name (Last, First, Middle Initial) <b>B. MYRON E STOUFFER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1528 JESSICA LANE		<b>Transaction ID: A2007-1053861</b>	
City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 19.75
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP State Team		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.42		

Full Name (Last, First, Middle Initial) <b>C. MYRON E STOUFFER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1528 JESSICA LANE		<b>Transaction ID: A2007-1054353</b>	
City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 19.75
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP State Team		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.17		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE A SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 257 BIG TERRA LANE		<b>Transaction ID: A2007-1053747</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 24.94	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.79	

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE A SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 257 BIG TERRA LANE		<b>Transaction ID: A2007-1054239</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 24.94	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.73	

Full Name (Last, First, Middle Initial) <b>C. KEVIN T SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 221 CARRIAGE HILL CIR		<b>Transaction ID: A2007-1054139</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 94.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President -Corp Ethn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.26	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	144.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 / 255
	<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)  
KEVIN T SULLIVAN

Mailing Address 221 CARRIAGE HILL CIR

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 -Corp Ethn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1204.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054631

Amount of Each Receipt this Period  
94.54

**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 AVP Enterprise Applicatio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 643.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053918

Amount of Each Receipt this Period  
53.86

**C.** 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 AVP Enterprise Applicatio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 697.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054410

Amount of Each Receipt this Period  
53.86

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	202.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JERROLD S SZOSTAK</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 1064 W GLENN TRAIL		<b>Transaction ID: A2007-1053961</b>
City State Zip Code ELK GROVE IL 60007	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.51
Name of Employer Allstate Insurance Company	Occupation Claim Reserve Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.12	

Full Name (Last, First, Middle Initial) <b>B. JERROLD S SZOSTAK</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1064 W GLENN TRAIL		<b>Transaction ID: A2007-1054453</b>
City State Zip Code ELK GROVE IL 60007	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.51
Name of Employer Allstate Insurance Company	Occupation Claim Reserve Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.63	

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN A TARVER</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 2495 EMERALD LANE		<b>Transaction ID: A2007-1053799</b>
City State Zip Code LINDENHURST IL 60046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 21.90
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.45	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 255
	<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)  
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Security

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.35

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054291

Amount of Each Receipt this Period  
21.90

**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 ▼ 266.29

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1054110

Amount of Each Receipt this Period  
22.37

**C.** 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 ▼ 288.66

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054603

Amount of Each Receipt this Period  
22.37

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	66.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LINDSAY F TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 217 E. SHERIDAN PLACE		<b>Transaction ID: A2007-1054665</b>	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.55		

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY J TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 5314 RENEE AVE.		<b>Transaction ID: A2007-1053850</b>	
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 18.19		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.18		

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY J TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 5314 RENEE AVE.		<b>Transaction ID: A2007-1054342</b>	
City State Zip Code CRYSTAL LAKE IL 60014	Amount of Each Receipt this Period 18.19		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 / 255
	<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)  
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City State Zip Code  
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.19

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

Transaction ID: A2007-1054652

Amount of Each Receipt this Period  
15.98

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

Mailing Address 3233 N RACINE #2

City State Zip Code  
CHICAGO IL 60657

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

Name of Employer Allstate Insurance Company Occupation AVP-PRODUCT NON-STANDARD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 293.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054122

Amount of Each Receipt this Period  
25.14

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

Mailing Address 3233 N RACINE #2

City State Zip Code  
CHICAGO IL 60657

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

Name of Employer Allstate Insurance Company Occupation AVP-PRODUCT NON-STANDARD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 318.49

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

Transaction ID: A2007-1054614

Amount of Each Receipt this Period  
25.14

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	66.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 200 / 255  
(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)  
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company      Occupation Senior State Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      401.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1053851

Amount of Each Receipt this Period  
34.73

**B.** Full Name (Last, First, Middle Initial)  
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company      Occupation Senior State Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      436.04

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

**Transaction ID:** A2007-1054343

Amount of Each Receipt this Period  
34.73

**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 Allstate Insurance Company      Occupation Procurement Director

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1053933

Amount of Each Receipt this Period  
19.88

**SUBTOTAL** of Receipts This Page (optional) ..... ► **89.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code  
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Procurement Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.44

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054425

Amount of Each Receipt this Period  
19.88

**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 AVP ENCOMPASS FIELD DISTR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 452.36

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1054141

Amount of Each Receipt this Period  
38.63

**C.** Full Name (Last, First, Middle Initial)  
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code  
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP ENCOMPASS FIELD DISTR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.99

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054633

Amount of Each Receipt this Period  
38.63

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	97.14
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ROBERT E TRANSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2644 N DOUGLAS		<b>Transaction ID: A2007-1053972</b>	
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 27.51		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Strategic Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.79		

Full Name (Last, First, Middle Initial) <b>B. ROBERT E TRANSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 2644 N DOUGLAS		<b>Transaction ID: A2007-1054465</b>	
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 27.51		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Strategic Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.30		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J TREVINO</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1840 N. SAINT ANDREW DR.		<b>Transaction ID: A2007-1054111</b>	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 31.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Communication Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 / 255
	<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)  
MICHAEL J TREVINO

Mailing Address 1840 N. SAINT ANDREW DR.

City State Zip Code  
VERNON HILLS IL 60061

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 ▼ 390.18

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054604

Amount of Each Receipt this Period  
18.78

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH V TRIPODI

Mailing Address 565 E DEERPATH 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 SVP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1217.06

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054169

Amount of Each Receipt this Period  
104.49

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH V TRIPODI

Mailing Address 565 E DEERPATH 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 SVP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1321.55

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054661

Amount of Each Receipt this Period  
104.49

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	227.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 204 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MELINDA S TUNNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 5430 TALL OAKS DRIVE		<b>Transaction ID: A2007-1054095</b>	
City State Zip Code LONG GROVE IL 60047		Amount of Each Receipt this Period 44.41	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation AVP Agency Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.95	

Full Name (Last, First, Middle Initial) <b>B. MELINDA S TUNNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 5430 TALL OAKS DRIVE		<b>Transaction ID: A2007-1054588</b>	
City State Zip Code LONG GROVE IL 60047		Amount of Each Receipt this Period 44.41	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation AVP Agency Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 565.36	

Full Name (Last, First, Middle Initial) <b>C. RICHARD D TURANO</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 4960 S CHESTER ST		<b>Transaction ID: A2007-1053777</b>	
City State Zip Code ENGLEWOOD CO 80111		Amount of Each Receipt this Period 17.86	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 211.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	106.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 205 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. RICHARD D TURANO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 4960 S CHESTER ST		<b>Transaction ID: A2007-1054269</b>	
City State Zip Code ENGLEWOOD CO 80111	Amount of Each Receipt this Period 17.86		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 228.93		

Full Name (Last, First, Middle Initial) <b>B. DAVID J UNROE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 326 ELM CT.		<b>Transaction ID: A2007-1054163</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 238.56		

Full Name (Last, First, Middle Initial) <b>C. DAVID J UNROE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 326 ELM CT.		<b>Transaction ID: A2007-1054655</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 258.44		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	57.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 206 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. WILLIAM A VAINISI</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007
Mailing Address 636 BALMORAL LANE		<b>Transaction ID: A2007-1053980</b>
City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 51.51	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 613.64	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM A VAINISI</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007
Mailing Address 636 BALMORAL LANE		<b>Transaction ID: A2007-1054473</b>
City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 51.51	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 665.15	

Full Name (Last, First, Middle Initial) <b>C. HELEN K VAN DAAL</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007
Mailing Address 1300 LONGVALLEY RD.		<b>Transaction ID: A2007-1053921</b>
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 18.76	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 221.52	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	121.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 / 255
	<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

Mailing Address 1300 LONGVALLEY RD.

City State Zip Code  
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054413

Amount of Each Receipt this Period  
18.76

**B.** Full Name (Last, First, Middle Initial)  
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code  
Chicago IL 60613

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054030

Amount of Each Receipt this Period  
16.54

**C.** Full Name (Last, First, Middle Initial)  
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code  
Chicago IL 60613

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054523

Amount of Each Receipt this Period  
16.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	51.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 / 255
	<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 VAN NOSTERN

Mailing Address 660 PRESTWICK LANE #205

City State Zip Code  
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation AVP Information Security

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 289.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054165

Amount of Each Receipt this Period  
24.78

**B.** Full Name (Last, First, Middle Initial)  
KIMBERLY VAN NOSTERN

Mailing Address 660 PRESTWICK LANE #205

City State Zip Code  
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation AVP Information Security

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 313.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054657

Amount of Each Receipt this Period  
24.78

**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 ▼ 392.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053917

Amount of Each Receipt this Period  
32.70

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	82.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 209 / 255  
(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 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      425.10

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

**Transaction ID:** A2007-1054409

Amount of Each Receipt this Period  
32.70

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

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code  
VIENNA VA 22181

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

Name of Employer Allstate Insurance Company      Occupation Vice President Field

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      632.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** A2007-1054135

Amount of Each Receipt this Period  
53.89

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

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code  
VIENNA VA 22181

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

Name of Employer Allstate Insurance Company      Occupation Vice President Field

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      686.08

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

**Transaction ID:** A2007-1054627

Amount of Each Receipt this Period  
53.89

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.48**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
BILL VASIOGAMBROS

Mailing Address 1309 S. PINE AVE

City State Zip Code  
ARLINGTON HTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.20

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054545

Amount of Each Receipt this Period  
16.60

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

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code  
BERWYN IL 60402

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.08

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1053910

Amount of Each Receipt this Period  
38.64

**C.** Full Name (Last, First, Middle Initial)  
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code  
BERWYN IL 60402

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 496.72

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054402

Amount of Each Receipt this Period  
38.64

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 211 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J VELOTTA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1111 LOYOLA DR		<b>Transaction ID: A2007-1054097</b>	
City LIBERTYVILLE	State IL	Amount of Each Receipt this Period 77.04	
Zip Code 60048		Amount of Each Receipt this Period 77.04	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.04	
Name of Employer Allstate Insurance Company	Occupation Vice President Sec & Gene	Amount of Each Receipt this Period 77.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 904.74	Amount of Each Receipt this Period 77.04	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J VELOTTA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1111 LOYOLA DR		<b>Transaction ID: A2007-1054590</b>	
City LIBERTYVILLE	State IL	Amount of Each Receipt this Period 77.04	
Zip Code 60048		Amount of Each Receipt this Period 77.04	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.04	
Name of Employer Allstate Insurance Company	Occupation Vice President Sec & Gene	Amount of Each Receipt this Period 77.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 981.78	Amount of Each Receipt this Period 77.04	

Full Name (Last, First, Middle Initial) <b>C. STEVEN C VERNEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 37144 FOX HILL DR		<b>Transaction ID: A2007-1053793</b>	
City WADSWORTH	State IL	Amount of Each Receipt this Period 67.42	
Zip Code 60083		Amount of Each Receipt this Period 67.42	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 67.42	
Name of Employer Allstate Insurance Company	Occupation Vice President & Treasure	Amount of Each Receipt this Period 67.42	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.91	Amount of Each Receipt this Period 67.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	221.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	221.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 212 / 255
	(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)  
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code  
WADSWORTH IL 60083

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

Name of Employer Allstate Insurance Company Occupation Vice President & Treasure

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 858.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054285

Amount of Each Receipt this Period  
67.42

**B.** 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 Vice President Corp. Rel.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 537.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054183

Amount of Each Receipt this Period  
46.99

**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 Allstate Insurance Company Occupation Vice President Corp. Rel.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 584.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054675

Amount of Each Receipt this Period  
46.99

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	161.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code  
CLOVIS CA 93611

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053884

Amount of Each Receipt this Period  
28.43

**B.** Full Name (Last, First, Middle Initial)  
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code  
CLOVIS CA 93611

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

Name of Employer Allstate Insurance Company Occupation Marketing Claims Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.59

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

Transaction ID: A2007-1054376

Amount of Each Receipt this Period  
28.43

**C.** Full Name (Last, First, Middle Initial)  
ANTON WANDERON

Mailing Address 112 BRISTOL PLAGE

City State Zip Code  
PONTE VEDRA FL 32082

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

Name of Employer Allstate Insurance Company Occupation DIRECTOR CREDIT DEPARTMEN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 596.63

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053864

Amount of Each Receipt this Period  
63.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.32

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ANTON WANDERON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 112 BRISTOL PLACE		<b>Transaction ID: A2007-1054356</b>
City State Zip Code PONTE VEDRA FL 32082	Amount of Each Receipt this Period 63.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation DIRECTOR CREDIT DEPARTMEN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.09	

Full Name (Last, First, Middle Initial) <b>B. THOMAS M WARDEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 146 LA GRANDE		<b>Transaction ID: A2007-1053877</b>
City State Zip Code MOSS BEACH CA 94038	Amount of Each Receipt this Period 31.92	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 374.43	

Full Name (Last, First, Middle Initial) <b>C. THOMAS M WARDEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 146 LA GRANDE		<b>Transaction ID: A2007-1054369</b>
City State Zip Code MOSS BEACH CA 94038	Amount of Each Receipt this Period 31.92	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 406.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	127.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. EDWIN L WASINGER JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007
Mailing Address 6245 MURIFIELD DRIVE		<b>Transaction ID: A2007-1054049</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 35.07	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Procurement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.94	

Full Name (Last, First, Middle Initial) <b>B. EDWIN L WASINGER JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007
Mailing Address 6245 MURIFIELD DRIVE		<b>Transaction ID: A2007-1054542</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 35.07	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Procurement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 446.01	

Full Name (Last, First, Middle Initial) <b>C. JOHN A WATSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007
Mailing Address 10227 Thurston Groves Blvd.		<b>Transaction ID: A2007-1054640</b>
City State Zip Code Seminole FL 33778	Amount of Each Receipt this Period 15.95	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.45	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS B WELCH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1724 INDEPENDENCE AVE		<b>Transaction ID: A2007-1053899</b>	
City State Zip Code GLENVIEW IL 60026		Amount of Each Receipt this Period 55.54	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 649.75	

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS B WELCH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1724 INDEPENDENCE AVE		<b>Transaction ID: A2007-1054391</b>	
City State Zip Code GLENVIEW IL 60026		Amount of Each Receipt this Period 55.54	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 705.29	

Full Name (Last, First, Middle Initial) <b>C. JONATHAN J WELLS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 5394 W RIVER BEND DRIVE		<b>Transaction ID: A2007-1054124</b>	
City State Zip Code LIBERTYVILLE IL 60048		Amount of Each Receipt this Period 31.26	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Bank Cash Management Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	142.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 217 / 255
	(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)  
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 ▼  
402.23

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

Transaction ID: A2007-1054616

Amount of Each Receipt this Period  
31.26

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

Mailing Address 909 STILLWATER COURT

City State Zip Code  
WESTON FL 33327

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

Name of Employer Allstate Insurance Company  
Occupation Territorial Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
426.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1053812

Amount of Each Receipt this Period  
32.70

**C.** Full Name (Last, First, Middle Initial)  
ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code  
WESTON FL 33327

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

Name of Employer Allstate Insurance Company  
Occupation Territorial Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.89

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

Transaction ID: A2007-1054304

Amount of Each Receipt this Period  
32.70

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. SAMUEL W WHITEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 120 NE STONELEDGE PLACE		<b>Transaction ID: A2007-1054112</b>
City State Zip Code LEESBURG VA 20176	Amount of Each Receipt this Period 30.53	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.61	

Full Name (Last, First, Middle Initial) <b>B. SAMUEL W WHITEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 120 NE STONELEDGE PLACE		<b>Transaction ID: A2007-1054605</b>
City State Zip Code LEESBURG VA 20176	Amount of Each Receipt this Period 30.53	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.14	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA A WHITFIELD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 135 CAMBRIDGE DR.		<b>Transaction ID: A2007-1053798</b>
City State Zip Code AURORA OH 44202	Amount of Each Receipt this Period 17.52	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Risk Management Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA A WHITFIELD</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 135 CAMBRIDGE DR.		<b>Transaction ID: A2007-1054290</b>
City State Zip Code AURORA OH 44202	Amount of Each Receipt this Period 17.52	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Risk Management Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.54	

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA R WHITLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 6722 NEW HAMPSHIRE TRAIL		<b>Transaction ID: A2007-1053853</b>
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 37.59	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.13	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA R WHITLEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 6722 NEW HAMPSHIRE TRAIL		<b>Transaction ID: A2007-1054345</b>
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 37.59	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	92.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ROB WHOLF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 847 INTERLAKEN DRIVE		<b>Transaction ID: A2007-1053891</b>	
City State Zip Code LAKE ZURICH IL 60047		Amount of Each Receipt this Period 21.79	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 261.48	

Full Name (Last, First, Middle Initial) <b>B. ROB WHOLF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 847 INTERLAKEN DRIVE		<b>Transaction ID: A2007-1054383</b>	
City State Zip Code LAKE ZURICH IL 60047		Amount of Each Receipt this Period 21.79	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.27	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL E WILBORN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 609 STRATFORD PLACE #4C		<b>Transaction ID: A2007-1054193</b>	
City State Zip Code CHICAGO IL 60657		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Procurement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	343.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JOHN K WILCOX</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 1120 JESSICA LANE		<b>Transaction ID: A2007-1053932</b>
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 32.00
Name of Employer Allstate Insurance Company	Occupation Product Operations Direct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.65	

Full Name (Last, First, Middle Initial) <b>B. JOHN K WILCOX</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1120 JESSICA LANE		<b>Transaction ID: A2007-1054424</b>
City LIBERTYVILLE	State IL	Zip Code 60048
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 32.00
Name of Employer Allstate Insurance Company	Occupation Product Operations Direct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.65	

Full Name (Last, First, Middle Initial) <b>C. ANISE D WILEY-LITTLE</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 21030 W YORKSHIRE DR		<b>Transaction ID: A2007-1054142</b>
City KILDEER	State IL	Zip Code 60047
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 40.87
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.87
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 222 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ANISE D WILEY-LITTLE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 21030 W YORKSHIRE DR		<b>Transaction ID: A2007-1054634</b>	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 40.87		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 519.83		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY W WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 7104 CHARDON COURT		<b>Transaction ID: A2007-1053964</b>	
City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 38.77		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.14		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY W WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 7104 CHARDON COURT		<b>Transaction ID: A2007-1054456</b>	
City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 38.77		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 496.91		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	118.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 223 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. THOMAS J WILSON</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 2024 N. MOHAWK		<b>Transaction ID: A2007-1054067</b>
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60614</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 221.54
Name of Employer Allstate Insurance Company	Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2644.06	

Full Name (Last, First, Middle Initial) <b>B. THOMAS J WILSON</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 2024 N. MOHAWK		<b>Transaction ID: A2007-1054560</b>
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60614</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 221.54
Name of Employer Allstate Insurance Company	Occupation President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2865.60	

Full Name (Last, First, Middle Initial) <b>C. KURT L WINTER</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1403 N. WALNUT		<b>Transaction ID: A2007-1054674</b>
City <b>ARLINGTON HGHTS</b>	State <b>IL</b>	Zip Code <b>60004</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.01
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 ▼ 203.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>459.09</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 224 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. BRUCE A WOIKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 1318 N. CHESTNUT AVE.		<b>Transaction ID: A2007-1054040</b>	
City State Zip Code ARLINGTON HTS. IL 60004		Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 264.41	

Full Name (Last, First, Middle Initial) <b>B. BRUCE A WOIKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 1318 N. CHESTNUT AVE.		<b>Transaction ID: A2007-1054533</b>	
City State Zip Code ARLINGTON HTS. IL 60004		Amount of Each Receipt this Period 19.88	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 284.29	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW WOJTASZEK</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 7 WELLESLEY COURT		<b>Transaction ID: A2007-1053796</b>	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 30.62	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Senior Field Operations M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MATTHEW 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 Senior Field Operations M

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.06

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

Transaction ID: A2007-1054288

Amount of Each Receipt this Period  
30.62

**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 ▼ 415.67

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: A2007-1054133

Amount of Each Receipt this Period  
35.24

**C.** 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 ▼ 450.91

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

Transaction ID: A2007-1054625

Amount of Each Receipt this Period  
35.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► **101.10**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DONALD F WYATT JR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 811 DRESSER DR.		<b>Transaction ID: A2007-1053937</b>	
City State Zip Code MT PROSPECT IL 60056	Amount of Each Receipt this Period 34.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.58		

Full Name (Last, First, Middle Initial) <b>B. DONALD F WYATT JR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 811 DRESSER DR.		<b>Transaction ID: A2007-1054429</b>	
City State Zip Code MT PROSPECT IL 60056	Amount of Each Receipt this Period 34.69		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.27		

Full Name (Last, First, Middle Initial) <b>C. FLOYD M YAGER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1610 BIRCH LANE		<b>Transaction ID: A2007-1054003</b>	
City State Zip Code PARK RIDGE IL 60068	Amount of Each Receipt this Period 47.06		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 552.05		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	116.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 227 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. FLOYD M YAGER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 1610 BIRCH LANE		<b>Transaction ID: A2007-1054496</b>
City State Zip Code PARK RIDGE IL 60068	Amount of Each Receipt this Period 47.06	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 599.11	

Full Name (Last, First, Middle Initial) <b>B. LORI J YELVINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1531 N HIGHLAND AVE		<b>Transaction ID: A2007-1054011</b>
City State Zip Code ARLINGTON HGTS. IL 60004	Amount of Each Receipt this Period 50.44	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.12	

Full Name (Last, First, Middle Initial) <b>C. LORI J YELVINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 1531 N HIGHLAND AVE		<b>Transaction ID: A2007-1054504</b>
City State Zip Code ARLINGTON HGTS. IL 60004	Amount of Each Receipt this Period 50.44	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	147.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 / 255
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. RICHARD P YOCIUS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 40135 N GOLDENROD		<b>Transaction ID: A2007-1053939</b>	
City <b>WADSWORTH</b>	State IL	Zip Code 60083	Amount of Each Receipt this Period 39.77
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 477.19		

Full Name (Last, First, Middle Initial) <b>B. RICHARD P YOCIUS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 40135 N GOLDENROD		<b>Transaction ID: A2007-1054431</b>	
City <b>WADSWORTH</b>	State IL	Zip Code 60083	Amount of Each Receipt this Period 39.77
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior State Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.96		

Full Name (Last, First, Middle Initial) <b>C. JAMES E YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1212 N. WELLS ST. APT. 1504		<b>Transaction ID: A2007-1053837</b>	
City <b>CHICAGO</b>	State IL	Zip Code 60610	Amount of Each Receipt this Period 17.93
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.76		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	97.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 / 255
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JAMES E YOUNG</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1212 N. WELLS ST. APT. 1504		Transaction ID: A2007-1054329
City CHICAGO	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.93
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.69	

Full Name (Last, First, Middle Initial) <b>B. PHILLIP C YOUNG</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 2181 APPLE HILL LANE		Transaction ID: A2007-1053969
City BUFFALO GROVE	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.08
Name of Employer Allstate Insurance Company	Occupation Director of Flight Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.51	

Full Name (Last, First, Middle Initial) <b>C. PHILLIP C YOUNG</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 2181 APPLE HILL LANE		Transaction ID: A2007-1054461
City BUFFALO GROVE	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.08
Name of Employer Allstate Insurance Company	Occupation Director of Flight Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	54.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 230 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. RICHARD M ZAHARIAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1439 STEVENSON DRIVE		<b>Transaction ID: A2007-1054081</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 64.76	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 763.89	

Full Name (Last, First, Middle Initial) <b>B. RICHARD M ZAHARIAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1439 STEVENSON DRIVE		<b>Transaction ID: A2007-1054574</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 64.76	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 828.65	

Full Name (Last, First, Middle Initial) <b>C. PAUL K ZIGTERMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 236 SOUTH RIVERSIDE DRIVE		<b>Transaction ID: A2007-1054055</b>
City State Zip Code VILLA PARK IL 60181	Amount of Each Receipt this Period 18.97	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 223.89	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	148.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 / 255
	<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)  
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 ▼ 242.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: A2007-1054548

Amount of Each Receipt this Period  
18.97

**B.** Full Name (Last, First, Middle Initial)  
JAMES P ZILS

Mailing Address 832 PADDOCK LANE

City State Zip Code  
LIBERTYVILLE IL 60048

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 ▼ 466.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054113

Amount of Each Receipt this Period  
49.11

**C.** Full Name (Last, First, Middle Initial)  
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code  
AURORA IL 60502

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 424.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: A2007-1054072

Amount of Each Receipt this Period  
35.95

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.03
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 232 / 255						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code  
AURORA IL 60502

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.10

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054565

Amount of Each Receipt this Period  
35.95

**B.** Full Name (Last, First, Middle Initial)  
CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.69

Date of Receipt  
06 / 08 / 2007

Transaction ID: A2007-1054138

Amount of Each Receipt this Period  
19.87

**C.** Full Name (Last, First, Middle Initial)  
CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code  
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.56

Date of Receipt  
06 / 22 / 2007

Transaction ID: A2007-1054630

Amount of Each Receipt this Period  
19.87

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.69
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 233 / 255
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. J K ZUZICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 1125 ACORN TRAIL		<b>Transaction ID: A2007-1054130</b>	
City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 35.13
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP HR People Planning &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.11		

Full Name (Last, First, Middle Initial) <b>B. J K ZUZICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address 1125 ACORN TRAIL		<b>Transaction ID: A2007-1054622</b>	
City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 35.13
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP HR People Planning &		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 447.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	26716.16

**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 / 255

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)  
Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: IL District:

Not Applicable

Transaction ID: B180254

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

61.68

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

61.68

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

61.68

# 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 / 255

<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><b>A. Bilirakis for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Bilirakis for Congress</p> <p>Mailing Address PO Box 606</p> <p>City Tarpon Springs State FL Zip Code 34688</p> <p>Purpose of Disbursement P-2008 U.S. House 09 FL</p> <p>Candidate Name Bilirakis Gus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B173881 <b>Date of Disbursement:</b> 06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
---	--	--

<p><b>B. Friends of Dick Durbin</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Dick Durbin</p> <p>Mailing Address 200 East Jefferson Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement P-2008 U.S. Senate IL</p> <p>Candidate Name Richard J Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B175235 <b>Date of Disbursement:</b> 06 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
--	--	--

<p><b>C. Roberts for Senate</b></p> <p>Full Name (Last, First, Middle Initial) Roberts for Senate</p> <p>Mailing Address 228 S. Washington St. Suite B-20</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement P-2008 U.S. Senate KS</p> <p>Candidate Name Pat Roberts</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B175236 <b>Date of Disbursement:</b> 06 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 236 / 255

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Adrian Smith for Congress</b>		Transaction ID: B175237 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 3231 Avenue I Suite 6		Amount of Each Disbursement this Period 1000.00
City State Zip Code Scottsbluff NE 69361	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 03 NE		
Candidate Name Adrian Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jeff Fortenberry for U.S. Congress</b>		Transaction ID: B175238 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address PO Box 30265		Amount of Each Disbursement this Period 1000.00
City State Zip Code Lincoln NE 68508	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 01 NE		
Candidate Name Jeff Fortenberry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Feeny for Congress</b>		Transaction ID: B175239 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 610 South Boulevard Suite 100		Amount of Each Disbursement this Period 1000.00
City State Zip Code Tampa FL 33606	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 24 FL		
Candidate Name Tom Feeny		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Peter King for Congress Cmte</b>		<b>Transaction ID: B175240</b> Date of Disbursement 06 / 25 / 2007
Mailing Address 1526 17th Street NW #101		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 03 NY		
Candidate Name Peter T King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tuesday Group PAC</b>		<b>Transaction ID: B175340</b> Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 40385		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20016	011 Category/ Type	
Purpose of Disbursement O-2007 Federal PAC US		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Gillmor</b>		<b>Transaction ID: B175369</b> Date of Disbursement 06 / 27 / 2007
Mailing Address 217 3rd Street SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 05 OH		
Candidate Name Paul E Gillmor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10500.00

**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 238 / 255

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Steve Davis Campaign Committee</b>		<b>Transaction ID: B173641</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1109 River Green Court		Amount of Each Disbursement this Period 500.00
City McDonough State GA Zip Code 30252	011 Category/ Type	
Purpose of Disbursement P-2008 State House 109 GA		
Candidate Name Steve Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carl Rogers Campaign Cmte.</b>		<b>Transaction ID: B173642</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address PO Box 639		Amount of Each Disbursement this Period 500.00
City Gainesville State GA Zip Code 30503	011 Category/ Type	
Purpose of Disbursement P-2008 State House 26 GA		
Candidate Name Carl Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ron Forster Campaign Cmte.</b>		<b>Transaction ID: B173643</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 14 Hillcrest Court		Amount of Each Disbursement this Period 500.00
City Ringgold State GA Zip Code 30736	011 Category/ Type	
Purpose of Disbursement P-2008 State House 03 GA		
Candidate Name Ron Forster		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 255

<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)  
Ben Harbin Campaign Committee

Mailing Address PO Box 211959

City State Zip Code  
Martinez GA 30917

Purpose of Disbursement  
P-2008 State House 118 GA

Candidate Name  
Ben Harbin

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Transaction ID: B173644

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Matt Dollar Campaign Committee

Mailing Address 1945 Annwicks Drive

City State Zip Code  
Marietta GA 30062

Purpose of Disbursement  
P-2008 State House 45 GA

Candidate Name  
Matt Dollar

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 45

Transaction ID: B173645

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

400.00

**C.** Full Name (Last, First, Middle Initial)  
Tom Knox Campaign Committee

Mailing Address 302 Tribble Gap Road

City State Zip Code  
Cumming GA 30040

Purpose of Disbursement  
P-2008 State House 24 GA

Candidate Name  
Tom Knox

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 24

Transaction ID: B173646

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

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

1900.00

**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 240 / 255

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Jerry Keen Campaign Cmte.</b>		<b>Transaction ID:</b> B173647 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 24290		Amount of Each Disbursement this Period 500.00
City St. Simons Island	State GA Zip Code 31522	
Purpose of Disbursement P-2008 State House 179 GA		
Candidate Name Jerry Keen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: GA District: 17		

Full Name (Last, First, Middle Initial) <b>B. Doug Holt Campaign Committee</b>		<b>Transaction ID:</b> B173648 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 706 Stagg Trace		Amount of Each Disbursement this Period 500.00
City Social Circle	State GA Zip Code 30025	
Purpose of Disbursement P-2008 State House 112 GA		
Candidate Name Doug Holt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: GA District: 11		

Full Name (Last, First, Middle Initial) <b>C. Richard Smith Campaign Committee</b>		<b>Transaction ID:</b> B173649 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 2122		Amount of Each Disbursement this Period 500.00
City Columbus	State GA Zip Code 31902	
Purpose of Disbursement P-2008 State House 131 GA		
Candidate Name Richard Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: GA District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 241 / 255

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Wendell Willard Campaign Cmte.</b>		<b>Transaction ID: B173650</b>	
Mailing Address 755 River Gate Drive		Date of Disbursement 06 / 08 / 2007	
City Atlanta	State GA	Zip Code 30350	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement P-2008 State House 49 GA		011 Category/ Type	
Candidate Name Wendell Willard			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 49		

Full Name (Last, First, Middle Initial) <b>B. Joe Wilkinson Campaign Cmte.</b>		<b>Transaction ID: B173651</b>	
Mailing Address 850 Old Creek Trail		Date of Disbursement 06 / 08 / 2007	
City Atlanta	State GA	Zip Code 30328	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement P-2008 State House 52 GA		011 Category/ Type	
Candidate Name Joe Wilkinson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 52		

Full Name (Last, First, Middle Initial) <b>C. Howard Maxwell Campaign Committee</b>		<b>Transaction ID: B173652</b>	
Mailing Address 716 Graham Road		Date of Disbursement 06 / 08 / 2007	
City Dallas	State GA	Zip Code 30132	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement P-2008 State House 17 GA		011 Category/ Type	
Candidate Name Howard R. Maxwell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. John Meadows Campaign Committee</b>		<b>Transaction ID: B173653</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 110 Victory Court		Amount of Each Disbursement this Period 500.00
City Calhoun State GA Zip Code 30701	011 Category/ Type	
Purpose of Disbursement P-2008 State House 05 GA		
Candidate Name John Meadows		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Quincy Murphy Campaign Cmte</b>		<b>Transaction ID: B173654</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 3238 Peach Orchard Road		Amount of Each Disbursement this Period 500.00
City Augusta State GA Zip Code 30909	011 Category/ Type	
Purpose of Disbursement P-2008 State House 120 GA		
Candidate Name Quincy Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sharon Cooper Campaign Cmte.</b>		<b>Transaction ID: B173655</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 1234 Power Ferry Commons Suite 104		Amount of Each Disbursement this Period 500.00
City Marietta State GA Zip Code 30067	011 Category/ Type	
Purpose of Disbursement P-2008 State House 41 GA		
Candidate Name Sharon Cooper		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 41	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Bill Hembree Campaign Cmte.</b>		<b>Transaction ID: B173656</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 4159 Pool Road		Amount of Each Disbursement this Period 500.00
City Winston State GA Zip Code 30187	011 Category/ Type	
Purpose of Disbursement P-2008 State House 67 GA		
Candidate Name Bill Hembree		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 67	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. James Mills Campaign Cmte.</b>		<b>Transaction ID: B173657</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 3948 Kigore Falls Drive		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30507	011 Category/ Type	
Purpose of Disbursement P-2008 State House 25 GA		
Candidate Name James Mills		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Seth Harp Campaign Cmte.</b>		<b>Transaction ID: B173658</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address P.O. Box 363		Amount of Each Disbursement this Period 500.00
City Midland State GA Zip Code 31820	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 29 GA		
Candidate Name Seth Harp		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Golden Campaign Cmte.</b>		<b>Transaction ID: B173659</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 110 Beacon Hill		Amount of Each Disbursement this Period 500.00
City Valdosta State GA Zip Code 31602	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 08 GA		
Candidate Name Tim Golden		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ralph Hudgens Campaign Cmte.</b>		<b>Transaction ID: B173660</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 6509 Highway 106 South		Amount of Each Disbursement this Period 1000.00
City Hull State GA Zip Code 30646	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 47 GA		
Candidate Name Ralph T Hudgens		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 47	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David Shafer Senate Cmte</b>		<b>Transaction ID: B173661</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 4231 Pleasant Hill Road Suite B		Amount of Each Disbursement this Period 500.00
City Duluth State GA Zip Code 30096	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 48 GA		
Candidate Name David J Shafer		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 48	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Ross Tolleson Campaign Cmte.</b>		<b>Transaction ID: B173662</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address P.O. Box 1356		Amount of Each Disbursement this Period 500.00	
City Perry	State GA	Zip Code 31069	
Purpose of Disbursement P-2008 State Senate 20 GA		011 Category/ Type	
Candidate Name Ross Tolleson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 20			

Full Name (Last, First, Middle Initial) <b>B. Mitch Seabaugh Campaign Cmte.</b>		<b>Transaction ID: B173663</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address P.O. Box 504		Amount of Each Disbursement this Period 500.00	
City Sharpsburg	State GA	Zip Code 30277	
Purpose of Disbursement P-2008 State Senate 28 GA		011 Category/ Type	
Candidate Name Mitch Seabaugh			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 28			

Full Name (Last, First, Middle Initial) <b>C. Don Balfour Campaign Cmte.</b>		<b>Transaction ID: B173664</b> Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 2312 Waterscape Trail		Amount of Each Disbursement this Period 600.00	
City Snellville	State GA	Zip Code 30078	
Purpose of Disbursement P-2008 State Senate 09 GA		011 Category/ Type	
Candidate Name Don Balfour			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 09			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Dan Moody Campaign Cmte.</b>		<b>Transaction ID:</b> B173665 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 3977 Merriweather Woods		Amount of Each Disbursement this Period 500.00
City Alpharetta State GA Zip Code 30022	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 56 GA		
Candidate Name Dan Moody		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 56	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chip Rogers Campaign Cmte.</b>		<b>Transaction ID:</b> B173668 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1025 Rose Creek Drive		Amount of Each Disbursement this Period 500.00
City Woodstock State GA Zip Code 30189	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 21 GA		
Candidate Name Chip Rogers		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 21	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bass for Assembly 2008 ID#1292751</b>		<b>Transaction ID:</b> B173882 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 1100 O Street Suite 200		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	011 Category/ Type	
Purpose of Disbursement P-2008 State House 47 CA		
Candidate Name Karen Bass		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Wilmer Carter ID#1293666</b>		<b>Transaction ID: B173884</b>	
Mailing Address 1005 12th Street Suite H		Date of Disbursement 06 / 13 / 2007	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement P-2008 State House 62 CA		011 Category/ Type	
Candidate Name Wilmer Carter			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 62			

Full Name (Last, First, Middle Initial) <b>B. Taxpayers for Cogdill 2010 ID#1294641</b>		<b>Transaction ID: B173885</b>	
Mailing Address 1300 10th Street Suite C		Date of Disbursement 06 / 13 / 2007	
City Modesto	State CA	Zip Code 95354	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement P-2010 State Senate 14 CA		011 Category/ Type	
Candidate Name David Cogdill			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 14			

Full Name (Last, First, Middle Initial) <b>C. Mike Duvall for Asmbly 2008 ID#1293104</b>		<b>Transaction ID: B173887</b>	
Mailing Address PO Box 471		Date of Disbursement 06 / 13 / 2007	
City Sacramento	State CA	Zip Code 95812	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement P-2008 State House 72 CA		011 Category/ Type	
Candidate Name Mike Duvall			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 72			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Ted Gaines for Asmbly 2008 ID#1293157</b>		<b>Transaction ID: B173888</b>	
Mailing Address P.O. Box 471		Date of Disbursement 06 / 13 / 2007	
City Sacramento	State CA	Zip Code 95812	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement P-2008 State House 04 CA		011 Category/ Type	
Candidate Name Ted Gaines			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 04			

Full Name (Last, First, Middle Initial) <b>B. Taxpayers for Hollingsworth ID# 1295870</b>		<b>Transaction ID: B173889</b>	
Mailing Address PO Box 471		Date of Disbursement 06 / 13 / 2007	
City Sacramento	State CA	Zip Code 95812	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement P-2010 State Senate 36 CA		011 Category/ Type	
Candidate Name Dennis Hollingsworth			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 36			

Full Name (Last, First, Middle Initial) <b>C. Torrico for Assembly 2008 ID# 1292667</b>		<b>Transaction ID: B173890</b>	
Mailing Address 915 L Street Suite C146		Date of Disbursement 06 / 13 / 2007	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement P-2008 State House 20 CA		011 Category/ Type	
Candidate Name Alberto Torrico			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 20			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Stan Watson Campaign Cmte.</b>		<b>Transaction ID: B173891</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address 4299 Sherwood Oaks Drive		Amount of Each Disbursement this Period 500.00	
City Decatur State GA Zip Code 30034	Purpose of Disbursement P-2008 Co. Chairman GA	011 Category/Type	
Candidate Name Stan Watson	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Michael Vaughn</b>		<b>Transaction ID: B173892</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address P.O. Box 6144		Amount of Each Disbursement this Period 500.00	
City Capitol Heights State MD Zip Code 20791	Purpose of Disbursement O-2010 State House 24 MD	011 Category/Type	
Candidate Name Michael L Vaughn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle	

Full Name (Last, First, Middle Initial) <b>C. Friends of Tom Corbett</b>		<b>Transaction ID: B173982</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 214 Pine Street		Amount of Each Disbursement this Period 1000.00	
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement G-2008 State Att. General PA	011 Category/Type	
Candidate Name Tom Corbett	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DeVore in '08 ID #1254121</b>		Transaction ID: B174904 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 500.00	
City Elk Grove State CA Zip Code 95624	Purpose of Disbursement P-2008 State House 70 CA	011 Category/Type	
Candidate Name Chuck DeVore	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 70			

Full Name (Last, First, Middle Initial) <b>B. Friends of John J. Benoit ID#1293454</b>		Transaction ID: B175229 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 73-710 Fred Waring Drive		Amount of Each Disbursement this Period 2000.00	
City Palm Desert State CA Zip Code 92260	Purpose of Disbursement P-2008 State Senate 37 CA	011 Category/Type	
Candidate Name John J Benoit	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 37			

Full Name (Last, First, Middle Initial) <b>C. Friends of Lloyd Levine ID# 1278106</b>		Transaction ID: B175230 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 419 North Larchmont Blvd. #37		Amount of Each Disbursement this Period 500.00	
City Los Angeles State CA Zip Code 90004	Purpose of Disbursement P-2008 State Senate 23 CA	011 Category/Type	
Candidate Name Lloyd Levine	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)  
Aghazarian for Senate ID#1297115

Mailing Address P.O. Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
P-2008 State Senate 5 CA

Candidate Name  
Greg Aghazarian

Office Sought:  House  
 Senate  
 President  
State: CA District: 5

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B175231

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Lowenthal for State Senate ID# 1272281

Mailing Address 2005 N Street

City Long Beach State CA Zip Code 95814

Purpose of Disbursement  
P-2008 State Senate 27 CA

Candidate Name  
Alan S. Lowenthal

Office Sought:  House  
 Senate  
 President  
State: CA District: 27

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B175232

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Debbie Halvorson

Mailing Address PO Box 229

City Steger State IL Zip Code 60475

Purpose of Disbursement  
G-2010 State Senate 40 IL

Candidate Name  
Debbie Halvorson

Office Sought:  House  
 Senate  
 President  
State: IL District: 40

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B175233

Date of Disbursement

06 / 25 / 2007

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Citizens for Matt Murphy</b>		<b>Transaction ID: B175234</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 952 North Arrowhead Dr.		Amount of Each Disbursement this Period 1000.00
City Palatine State IL Zip Code 60074	011 Category/ Type	
Purpose of Disbursement G-2008 State Senate 27 IL		
Candidate Name Matt Murphy		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 27	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mark Leno for Senate 2008 ID# 1295340</b>		<b>Transaction ID: B175336</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 921 11th St		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 3 CA		
Candidate Name Mark Leno		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Bonnie Garcia 2010 ID# 1293456</b>		<b>Transaction ID: B175337</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 471		Amount of Each Disbursement this Period 500.00
City Sacramento State CA Zip Code 95812	011 Category/ Type	
Purpose of Disbursement P-2010 State Senate 40 CA		
Candidate Name Bonnie Garcia		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. George Runner for Senate-2008 ID#1272115</b>		<b>Transaction ID: B175338</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 471		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95812	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 17 CA		
Candidate Name George Runner		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Villines for Assembly 2008 ID# 1293100</b>		<b>Transaction ID: B175339</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 606		Amount of Each Disbursement this Period 3000.00
City Fresno State CA Zip Code 93709	011 Category/ Type	
Purpose of Disbursement P-2008 State House 29 CA		
Candidate Name Mike Villines		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MO Insurance Coalition (MIC-PAC)</b>		<b>Transaction ID: B175452</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 220 Madison St.		Amount of Each Disbursement this Period 1000.00
City Jefferson City State MO Zip Code 65101	011 Category/ Type	
Purpose of Disbursement O-2007 State PAC MO		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)  
Missourians for Matt Blunt Inc.

Mailing Address 12977 N. Outer Forty Drive #201

City Creve Coeur State MO Zip Code 63141

Purpose of Disbursement  
P-2008 Governor MO

Candidate Name  
Matt Blunt

Office Sought:  House  
 Senate  
 President

State: MO District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B175454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>35750.00</b>

Image# 27930964923

Form/Schedule: SA11A1

Transaction ID:

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

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