

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2775 Sanders Road Suite A5 Check if different than previously reported. (ACC) Northbrook IL 60062

2. FEC IDENTIFICATION NUMBER C00040253 3. IS THIS REPORT 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 07 01 2007 through 07 31 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 08 14 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

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 .....	185798.38									
(c) Total Receipts (from Line 19) .....	29096.18	214775.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	214894.56	342726.91								
7. Total Disbursements (from Line 31) .....	35877.89	163710.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	179016.67	179016.67								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

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	26732.01	130201.73
(i) Itemized (use Schedule A) .....	1777.10	83740.84
(ii) Unitemized .....	28509.11	213942.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28509.11	213942.57
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) .....	583.30	813.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.77	19.22
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)) .....	29096.18	214775.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29096.18	214775.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	77.89	760.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77.89	760.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8000.00	84500.00
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.....	27800.00	78450.00
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))..	35877.89	163710.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35877.89	163710.24

**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) .....	28509.11	213942.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28509.11	213942.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77.89	760.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	583.30	813.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-505.41	-53.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 280
	(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 Y 07 / 06 / 2007	
Mailing Address 657 CORAL COURT		<b>Transaction ID: A2007-1171551</b>	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.80		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.20		

Full Name (Last, First, Middle Initial) <b>B. REBECCA A ABEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 657 CORAL COURT		<b>Transaction ID: A2007-1171111</b>	
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.80		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.00		

Full Name (Last, First, Middle Initial) <b>C. ERNEST D ADAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 33934 N TREELINE CT		<b>Transaction ID: A2007-1171274</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. C			
Name of Employer Allstate Insurance Company	Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.14		

<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:	PAGE 7 / 280
	(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. ERNEST D ADAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 33934 N TREELINE CT		<b>Transaction ID: A2007-1170831</b>
City State Zip Code GAGES LAKE IL 60030	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.06
Name of Employer Allstate Insurance Company	Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.20	

Full Name (Last, First, Middle Initial) <b>B. JONES G ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1171473</b>
City State Zip Code LAKE VILLA IL 60046	FEC ID number of contributing federal political committee. C	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 ▼ 402.60	

Full Name (Last, First, Middle Initial) <b>C. JONES G ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1171033</b>
City State Zip Code LAKE VILLA IL 60046	FEC ID number of contributing federal political committee. C	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 ▼ 431.95	

<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 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. LORAL ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1171536</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 ▼ 430.85		

Full Name (Last, First, Middle Initial) <b>B. LORAL ADUKEH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1226 RIDGEWOOD LANE		<b>Transaction ID: A2007-1171097</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 ▼ 462.00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL W AGAR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 200 W MILL VALLEY DR		<b>Transaction ID: A2007-1171443</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 ▼ 228.90		

<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 / 280
	<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. MICHAEL W AGAR</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 200 W MILL VALLEY DR		<b>Transaction ID: A2007-1171003</b>
City COLLEYVILLE	State TX	Zip Code 76034
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 CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.25	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA A AITKEN</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1245 CARIBOU LANE		<b>Transaction ID: A2007-1171305</b>
City HOFFMAN ESTATES	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.52
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 ▼ 283.08	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA A AITKEN</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1245 CARIBOU LANE		<b>Transaction ID: A2007-1170864</b>
City HOFFMAN ESTATES	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.52
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 ▼ 303.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	57.39
<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 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. NANCY H ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 25 BRUCE CIRCLE NORTH		<b>Transaction ID: A2007-1171314</b>	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 13.91	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Accounting Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 372.17	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM H AYO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1009 LAKE RIDGE DR.		<b>Transaction ID: A2007-1171258</b>	
City State Zip Code SAFETY HARBOR FL 34695		Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Human Resource Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.90	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM H AYO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1009 LAKE RIDGE DR.		<b>Transaction ID: A2007-1170815</b>	
City State Zip Code SAFETY HARBOR FL 34695		Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Human Resource Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	46.61
<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 11 / 280
	<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. JOHN P BADER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 438 MITCHELL DRIVE		<b>Transaction ID: A2007-1171150</b>
City GRAYS LAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 67.73
Name of Employer Allstate Insurance Company	Occupation VP Enterprise Infrastruct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.61	

Full Name (Last, First, Middle Initial) <b>B. JOHN P BADER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 438 MITCHELL DRIVE		<b>Transaction ID: A2007-1170707</b>
City GRAYS LAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 67.73
Name of Employer Allstate Insurance Company	Occupation VP Enterprise Infrastruct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 993.34	

Full Name (Last, First, Middle Initial) <b>C. CHARLES C BAGGS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 4435 SWILCAN BRIDGE LANE N		<b>Transaction ID: A2007-1171246</b>
City JACKSONVILLE	State FL	Zip Code 32224
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.55
Name of Employer Allstate Insurance Company	Occupation AVP-Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	166.01
<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 12 / 280
	(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)  
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 ▼ 452.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170803

Amount of Each Receipt this Period  
30.55

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

Mailing Address 120 EAST SHERIDAN RD

City State Zip Code  
LAKE BLUFF IL 60044

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

Name of Employer Allstate Insurance Company Occupation AVP-PRODUCT OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 671.79

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171242

Amount of Each Receipt this Period  
49.61

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

Mailing Address 120 EAST SHERIDAN RD

City State Zip Code  
LAKE BLUFF IL 60044

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

Name of Employer Allstate Insurance Company Occupation AVP-PRODUCT OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 721.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170799

Amount of Each Receipt this Period  
49.61

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	129.77
<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 13 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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 07 / 06 / 2007
Mailing Address 992 WEEPING WAY LANE		<b>Transaction ID: A2007-1171446</b>
City State Zip Code AVON IN 46123	Amount of Each Receipt this Period 25.86	
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 ▼ 357.49	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDRA BALATSOUKAS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 992 WEEPING WAY LANE		<b>Transaction ID: A2007-1171006</b>
City State Zip Code AVON IN 46123	Amount of Each Receipt this Period 25.86	
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 ▼ 383.35	

Full Name (Last, First, Middle Initial) <b>C. GARRY J BALLEK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 1013 MASON LANE		<b>Transaction ID: A2007-1171372</b>
City State Zip Code LAKE IN THE HIL IL 60156	Amount of Each Receipt this Period 18.98	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 264.82	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. GARRY J BALLEK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1013 MASON LANE		<b>Transaction ID: A2007-1170931</b>	
City State Zip Code LAKE IN THE HIL IL 60156		Amount of Each Receipt this Period 18.98	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 283.80	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM P BALLINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 47530 ABERDEEN DR		<b>Transaction ID: A2007-1171220</b>	
City State Zip Code NOVI MI 48374		Amount of Each Receipt this Period 33.72	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 462.21	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM P BALLINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 47530 ABERDEEN DR		<b>Transaction ID: A2007-1170777</b>	
City State Zip Code NOVI MI 48374		Amount of Each Receipt this Period 33.72	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 495.93	

<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: (check only one)	PAGE 15 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. ROBERT H BARGE III</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2222 LOCH WAY		<b>Transaction ID: A2007-1171549</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 ▼ 886.69		

Full Name (Last, First, Middle Initial) <b>B. ROBERT H BARGE III</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2222 LOCH WAY		<b>Transaction ID: A2007-1171110</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 ▼ 951.87		

Full Name (Last, First, Middle Initial) <b>C. PATRICK J BARKLEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1694 WARRINGTON LANE		<b>Transaction ID: A2007-1171334</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 ▼ 216.44		

<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 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. PATRICK J BARKLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1694 WARRINGTON LANE		<b>Transaction ID: A2007-1170891</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 ▼ 231.90		

Full Name (Last, First, Middle Initial) <b>B. ROBERT K BECKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 80 RAVINE DRIVE		<b>Transaction ID: A2007-1171167</b>	
City State Zip Code COLONIA NJ 07067	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 ▼ 278.32		

Full Name (Last, First, Middle Initial) <b>C. ROBERT K BECKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 80 RAVINE DRIVE		<b>Transaction ID: A2007-1170724</b>	
City State Zip Code COLONIA NJ 07067	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 ▼ 298.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.22
<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 17 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. CANDICE L BEINLICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1781 TUDOR LANE # 309		<b>Transaction ID: A2007-1171329</b>	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 18.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.45		

Full Name (Last, First, Middle Initial) <b>B. CANDICE L BEINLICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1781 TUDOR LANE # 309		<b>Transaction ID: A2007-1170886</b>	
City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 18.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.20		

Full Name (Last, First, Middle Initial) <b>C. DIANE BELLAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 632 Concord Way		<b>Transaction ID: A2007-1171336</b>	
City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 24.38		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Accounting Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.97		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	61.88
<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: (check only one)	PAGE 18 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DIANE BELLAS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 632 Concord Way		<b>Transaction ID: A2007-1170893</b>	
City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 24.38		
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 ▼ 360.35		

Full Name (Last, First, Middle Initial) <b>B. WALTER A BERKOWICZ</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 405 GATESHEAD DRIVE		<b>Transaction ID: A2007-1171407</b>	
City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 31.76		
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 ▼ 438.54		

Full Name (Last, First, Middle Initial) <b>C. WALTER A BERKOWICZ</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 405 GATESHEAD DRIVE		<b>Transaction ID: A2007-1170966</b>	
City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 31.76		
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 ▼ 470.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	87.90
<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 19 / 280
	<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. EDWARD A BIEMER</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 807 Greenwood Ave.		<b>Transaction ID: A2007-1171189</b>
City GLENCOE	State IL	Zip Code 60022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.84
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 ▼ 535.85	

Full Name (Last, First, Middle Initial) <b>B. EDWARD A BIEMER</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 807 Greenwood Ave.		<b>Transaction ID: A2007-1170746</b>
City GLENCOE	State IL	Zip Code 60022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.84
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 ▼ 574.69	

Full Name (Last, First, Middle Initial) <b>C. DAVID G BIEMILLER</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 480 LEES LAKE RD		<b>Transaction ID: A2007-1171259</b>
City FAYETTEVILLE	State GA	Zip Code 30214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.19
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 ▼ 265.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.87
<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 20 / 280
	(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)  
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code  
FAYETTEVILLE GA 30214

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170816

Amount of Each Receipt this Period  
19.19

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code  
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 529.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171476

Amount of Each Receipt this Period  
38.40

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code  
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 568.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171036

Amount of Each Receipt this Period  
38.40

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.99
<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 21 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. ROBERT L BLOCK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 398 Brookmont Lane		<b>Transaction ID: A2007-1171462</b>	
City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 59.62		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 818.65		

Full Name (Last, First, Middle Initial) <b>B. ROBERT L BLOCK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 398 Brookmont Lane		<b>Transaction ID: A2007-1171022</b>	
City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 59.62		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 878.27		

Full Name (Last, First, Middle Initial) <b>C. CHARLES A BOLLINGER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 509 GATES HEAD SOUTH		<b>Transaction ID: A2007-1171288</b>	
City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 48.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Vice President Sales Agen		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 662.27		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	167.70
<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 22 / 280
	(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. CHARLES A BOLLINGER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 509 GATES HEAD SOUTH		<b>Transaction ID: A2007-1170846</b>
City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 48.46	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Vice President Sales Agen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.73	

Full Name (Last, First, Middle Initial) <b>B. CAROL L BONOVIK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 6 N. MILLERS LANE		<b>Transaction ID: A2007-1171396</b>
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.04	

Full Name (Last, First, Middle Initial) <b>C. CAROL L BONOVIK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 6 N. MILLERS LANE		<b>Transaction ID: A2007-1170955</b>
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.86	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.18
<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:	PAGE 23 / 280
	(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. DOUGLAS L BORG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 5550 Maybeck Ln		<b>Transaction ID: A2007-1171546</b>
City State Zip Code Livermore CA 94550	Amount of Each Receipt this Period 26.11	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 356.99	

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS L BORG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 5550 Maybeck Ln		<b>Transaction ID: A2007-1171107</b>
City State Zip Code Livermore CA 94550	Amount of Each Receipt this Period 26.11	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 383.10	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL B BOYLE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 1063 CHERRY STREET		<b>Transaction ID: A2007-1171224</b>
City State Zip Code WINNETKA IL 60093	Amount of Each Receipt this Period 73.92	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Info Techn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1015.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.14
<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 24 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL 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 ▼ 1088.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170781

Amount of Each Receipt this Period  
73.92

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

Mailing Address 2823 TIMBER HILL DR.

City State Zip Code  
GRAPEVINE TX 76051

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171055

Amount of Each Receipt this Period  
14.30

**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 ▼ 324.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171512

Amount of Each Receipt this Period  
23.47

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	111.69
<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 25 / 280
	(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. LONDON B BRADLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1951 BROADSMORE		<b>Transaction ID: A2007-1171072</b>	
City State Zip Code ALGONQUIN IL 60102		Amount of Each Receipt this Period 23.47	
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 ▼ 348.23	

Full Name (Last, First, Middle Initial) <b>B. KENNETH A BRANCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 28955 NIBLICK KNOLL CT.		<b>Transaction ID: A2007-1171479</b>	
City State Zip Code IVANHOE IL 60060		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 Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.12	

Full Name (Last, First, Middle Initial) <b>C. KENNETH A BRANCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 28955 NIBLICK KNOLL CT.		<b>Transaction ID: A2007-1171039</b>	
City State Zip Code IVANHOE IL 60060		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 Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 298.00	

<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 26 / 280
	(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. JEFFREY P BRASK</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 21285 S. BOSCHOME CIRCLE		<b>Transaction ID: A2007-1171357</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 ▼ 275.07	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY P BRASK</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 21285 S. BOSCHOME CIRCLE		<b>Transaction ID: A2007-1170916</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 ▼ 294.95	

Full Name (Last, First, Middle Initial) <b>C. SHEILA M BREEDING</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 35 FAIRMONT AVENUE		<b>Transaction ID: A2007-1171172</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 ▼ 228.90	

<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 27 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. SHEILA M BREEDING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 35 FAIRMONT AVENUE		<b>Transaction ID: A2007-1170729</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 ▼ 245.25	

Full Name (Last, First, Middle Initial) <b>B. DUDLEY R BRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 18135 W MEANDER DR		<b>Transaction ID: A2007-1171207</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 18.19
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 ▼ 251.16	

Full Name (Last, First, Middle Initial) <b>C. DUDLEY R BRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 18135 W MEANDER DR		<b>Transaction ID: A2007-1170764</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 18.19
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 ▼ 269.35	

<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:	PAGE 28 / 280
	(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)  
SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code  
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 544.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171345

Amount of Each Receipt this Period  
39.06

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code  
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170904

Amount of Each Receipt this Period  
39.06

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

Mailing Address 305 CHURCHILL LANE

City State Zip Code  
GURNEE IL 60031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171232

Amount of Each Receipt this Period  
34.81

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.93
<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 29 / 280
	(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. DAVID C BROCK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 305 CHURCHILL LANE		<b>Transaction ID: A2007-1170789</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 ▼ 515.45	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM F BROKAW</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 3 MILTON CT		<b>Transaction ID: A2007-1171340</b>
City State Zip Code CARY IL 60013	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 Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.32	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM F BROKAW</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 3 MILTON CT		<b>Transaction ID: A2007-1170898</b>
City State Zip Code CARY IL 60013	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 Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.57
<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:	PAGE 30 / 280
	(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. LORRIE K BROUSE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 223 POLK PLACE DRIVE		<b>Transaction ID: A2007-1171235</b>	
City State Zip Code FRANKLIN TN 37064	Amount of Each Receipt this Period 17.25		
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 ▼ 238.35		

Full Name (Last, First, Middle Initial) <b>B. LORRIE K BROUSE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 223 POLK PLACE DRIVE		<b>Transaction ID: A2007-1170792</b>	
City State Zip Code FRANKLIN TN 37064	Amount of Each Receipt this Period 17.25		
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 ▼ 255.60		

Full Name (Last, First, Middle Initial) <b>C. BETH A BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2637 W. WILSON AVE.		<b>Transaction ID: A2007-1171291</b>	
City State Zip Code CHICAGO IL 60625	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 ▼ 278.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	54.38
<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 31 / 280
	(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. BETH A BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2637 W. WILSON AVE.		<b>Transaction ID: A2007-1170849</b>	
City State Zip Code CHICAGO IL 60625		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 ▼ 298.20	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL E BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 8739 CYPRESS RESERVE CIRCLE		<b>Transaction ID: A2007-1171191</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 ▼ 228.90	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL E BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 8739 CYPRESS RESERVE CIRCLE		<b>Transaction ID: A2007-1170748</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 ▼ 245.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.58
<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 32 / 280
	<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. PAMELA S BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5886 TEAL LANE		<b>Transaction ID: A2007-1171441</b>	
City LONG GROVE	State IL	Amount of Each Receipt this Period 19.88	
Zip Code 60047			
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 ▼ 278.22		

Full Name (Last, First, Middle Initial) <b>B. PAMELA S BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 5886 TEAL LANE		<b>Transaction ID: A2007-1171000</b>	
City LONG GROVE	State IL	Amount of Each Receipt this Period 19.88	
Zip Code 60047			
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 ▼ 298.10		

Full Name (Last, First, Middle Initial) <b>C. CATHERINE S BRUNE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 190 SAVANNA CT		<b>Transaction ID: A2007-1171245</b>	
City LAKE FOREST	State IL	Amount of Each Receipt this Period 173.08	
Zip Code 60045			
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Information O		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2417.35		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	212.84
<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 33 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. CATHERINE S BRUNE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 190 SAVANNA CT		<b>Transaction ID: A2007-1170802</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 173.08		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Information O		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2590.43		

Full Name (Last, First, Middle Initial) <b>B. ANNE MARIE L BRUNNER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2514 SOUTH WESLEY AVE		<b>Transaction ID: A2007-1171341</b>	
City State Zip Code BERWYN IL 60402	Amount of Each Receipt this Period 34.55		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.65		

Full Name (Last, First, Middle Initial) <b>C. ANNE MARIE L BRUNNER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2514 SOUTH WESLEY AVE		<b>Transaction ID: A2007-1170900</b>	
City State Zip Code BERWYN IL 60402	Amount of Each Receipt this Period 34.55		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 513.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.18
<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 34 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JOHN C BRUSE</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1434 WOODACRE DRIVE		<b>Transaction ID: A2007-1171525</b>
City State Zip Code MC LEAN VA 22101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.30
Name of Employer Allstate Insurance Company	Occupation Vice President & Ast Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.10	

Full Name (Last, First, Middle Initial) <b>B. JOHN C BRUSE</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1434 WOODACRE DRIVE		<b>Transaction ID: A2007-1171086</b>
City State Zip Code MC LEAN VA 22101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.30
Name of Employer Allstate Insurance Company	Occupation Vice President & Ast Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.40	

Full Name (Last, First, Middle Initial) <b>C. RHONDA J BUBAN</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 856 SPRINGHILL CT		<b>Transaction ID: A2007-1171292</b>
City State Zip Code ELGIN IL 60120	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.29
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.41	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.89
<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 35 / 280
	(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. RHONDA J BUBAN</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 856 SPRINGHILL CT		<b>Transaction ID: A2007-1170850</b>
City ELGIN	State IL	Zip Code 60120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.29
Name of Employer Allstate Insurance Company	Occupation Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.70	

Full Name (Last, First, Middle Initial) <b>B. STEVEN C BUCHHOLZ</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 412 S. VAIL		<b>Transaction ID: A2007-1171308</b>
City ARL HEIGHTS	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.86
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 ▼ 217.54	

Full Name (Last, First, Middle Initial) <b>C. DAVID N BUGGS</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 12234 85TH AVE		<b>Transaction ID: A2007-1171463</b>
City PLEASANT PR	State WI	Zip Code 53158
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.14
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 ▼ 448.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.29
<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:	PAGE 36 / 280
	(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. DAVID N BUGGS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 12234 85TH AVE		<b>Transaction ID: A2007-1171023</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 ▼ 480.50		

Full Name (Last, First, Middle Initial) <b>B. KAREN E BURCKHARDT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 730 E. HAWTHORNE		<b>Transaction ID: A2007-1171461</b>	
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 41.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP-Product		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 567.98		

Full Name (Last, First, Middle Initial) <b>C. KAREN E BURCKHARDT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 730 E. HAWTHORNE		<b>Transaction ID: A2007-1171021</b>	
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 41.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP-Product		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.44		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.06
<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 37 / 280
	<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. TYRONE A BURNO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 868 CHARLTON ROAD		<b>Transaction ID: A2007-1170758</b>
City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 14.41	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.30	

Full Name (Last, First, Middle Initial) <b>B. GREGORY C BURNS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 2000 N. BROADMOOR LANE		<b>Transaction ID: A2007-1171196</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 ▼ 252.84	

Full Name (Last, First, Middle Initial) <b>C. GREGORY C BURNS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2000 N. BROADMOOR LANE		<b>Transaction ID: A2007-1170753</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 ▼ 271.14	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.01
<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: (check only one)	PAGE 38 / 280		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. PEGGY BURROWS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2628 HALSEY DRIVE		<b>Transaction ID: A2007-1171492</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 ▼ 398.02		

Full Name (Last, First, Middle Initial) <b>B. PEGGY BURROWS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2628 HALSEY DRIVE		<b>Transaction ID: A2007-1171052</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 ▼ 426.45		

Full Name (Last, First, Middle Initial) <b>C. CECILE A BUTLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 9309 ELIZABETH LANE		<b>Transaction ID: A2007-1171134</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. C			
Name of Employer Allstate Insurance Company	Occupation AVP & Tax Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1194.69		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	143.62
<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 39 / 280
	(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. CECILE A BUTLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 9309 ELIZABETH LANE		<b>Transaction ID: A2007-1170691</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 ▼ 1281.45		

Full Name (Last, First, Middle Initial) <b>B. D C BUTLER III</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 15430 WHITE COLUMNS DRIVE		<b>Transaction ID: A2007-1171243</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 ▼ 727.72		

Full Name (Last, First, Middle Initial) <b>C. D C BUTLER III</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 15430 WHITE COLUMNS DRIVE		<b>Transaction ID: A2007-1170800</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 ▼ 780.45		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	192.22
<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 40 / 280
	<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)  
RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City State Zip Code  
POMPANO BEACH FL 33062

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171248

Amount of Each Receipt this Period  
15.68

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

Mailing Address 2791 NE 9TH COURT

City State Zip Code  
POMPANO BEACH FL 33062

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

Name of Employer Allstate Insurance Company Occupation Distribution Support Lead

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.45

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170805

Amount of Each Receipt this Period  
15.68

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

Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code  
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 827.54

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171447

Amount of Each Receipt this Period  
60.41

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	91.77
<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 41 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DEBORAH K CAMPBELL</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 21863 NORTH TALL OAKS COURT		<b>Transaction ID: A2007-1171007</b>
City State Zip Code KILDEER IL 60047	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.41
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 ▼ 887.95	

Full Name (Last, First, Middle Initial) <b>B. JOHN M CANTWELL</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 335 DEVON COURT		<b>Transaction ID: A2007-1171210</b>
City State Zip Code GRAYSLAKE IL 60030	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.30
Name of Employer Allstate Insurance Company	Occupation Agency Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20	

Full Name (Last, First, Middle Initial) <b>C. JOHN M CANTWELL</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 335 DEVON COURT		<b>Transaction ID: A2007-1170767</b>
City State Zip Code GRAYSLAKE IL 60030	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.30
Name of Employer Allstate Insurance Company	Occupation Agency Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.01
<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: (check only one)	PAGE 42 / 280
	<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. EARL W CHANCE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 6974 WINTER RIDGE PLACE		<b>Transaction ID: A2007-1171488</b>
City State Zip Code CASTLE ROCK CO 80108	Amount of Each Receipt this Period 15.22	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.13	

Full Name (Last, First, Middle Initial) <b>B. EARL W CHANCE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 6974 WINTER RIDGE PLACE		<b>Transaction ID: A2007-1171048</b>
City State Zip Code CASTLE ROCK CO 80108	Amount of Each Receipt this Period 24.20	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.33	

Full Name (Last, First, Middle Initial) <b>C. IRIS M CHESTER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 643 ST GEORGE CT		<b>Transaction ID: A2007-1171472</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. 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 ▼ 293.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.96
<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 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. IRIS M CHESTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 643 ST GEORGE CT		<b>Transaction ID: A2007-1171032</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. 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 ▼ 314.56		

Full Name (Last, First, Middle Initial) <b>B. VIRGINIA O CHIAPPETTA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 165 ARLINGTON AVE		<b>Transaction ID: A2007-1171416</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 ▼ 267.52		

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA O CHIAPPETTA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 165 ARLINGTON AVE		<b>Transaction ID: A2007-1170975</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 ▼ 287.17		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.84
<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:	PAGE 44 / 280
	(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. SCOTT M CHRISTENSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 20713 LEXINGTON LANE		<b>Transaction ID: A2007-1171397</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 ▼ 512.51		

Full Name (Last, First, Middle Initial) <b>B. SCOTT M CHRISTENSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 20713 LEXINGTON LANE		<b>Transaction ID: A2007-1170956</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 ▼ 549.75		

Full Name (Last, First, Middle Initial) <b>C. BRIAN L CLARK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 504 FLORENCE DRIVE		<b>Transaction ID: A2007-1171478</b>	
City State Zip Code MADISON MS 39110	Amount of Each Receipt this Period 15.09		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Staff Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.01		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	89.57
<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 45 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. BRIAN L CLARK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 504 FLORENCE DRIVE		<b>Transaction ID: A2007-1171038</b>	
City State Zip Code MADISON MS 39110		Amount of Each Receipt this Period 15.09	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Staff Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 223.10	

Full Name (Last, First, Middle Initial) <b>B. EDWARD T CLARK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2907 GLENARYE DR		<b>Transaction ID: A2007-1171424</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 19.34	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Regional Marketing Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.95	

Full Name (Last, First, Middle Initial) <b>C. EDWARD T CLARK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2907 GLENARYE DR		<b>Transaction ID: A2007-1170983</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 19.34	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Regional Marketing Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.29	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.77
<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 46 / 280
	<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 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 ▼ 593.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171168

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 ▼ 636.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170725

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 ▼ 457.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171281

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 47 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MARK P CLOGHESSY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4343 LAWN AVE		<b>Transaction ID: A2007-1170838</b>	
City WESTERN SPRINGS      State IL      Zip Code 60558	Amount of Each Receipt this Period 33.17		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.27		

Full Name (Last, First, Middle Initial) <b>B. DEBORAH L CLOUSER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4667 TAMWORTH DR		<b>Transaction ID: A2007-1171423</b>	
City PALM HARBOR      State FL      Zip Code 34685	Amount of Each Receipt this Period 27.83		
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 ▼ 384.02		

Full Name (Last, First, Middle Initial) <b>C. DEBORAH L CLOUSER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4667 TAMWORTH DR		<b>Transaction ID: A2007-1170982</b>	
City PALM HARBOR      State FL      Zip Code 34685	Amount of Each Receipt this Period 27.83		
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 ▼ 411.85		

<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 48 / 280
	<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 ▼ 432.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171384

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 ▼ 463.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170943

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 ▼ 598.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171330

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 49 / 280
	(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. EDWARD T COLLINS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 809 DUNHILL COURT		<b>Transaction ID: A2007-1170887</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 ▼ 637.87		

Full Name (Last, First, Middle Initial) <b>B. LARRY K CONLEE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4516 LINSCOTT AVE		<b>Transaction ID: A2007-1171369</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 ▼ 221.37		

Full Name (Last, First, Middle Initial) <b>C. LARRY K CONLEE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4516 LINSCOTT AVE		<b>Transaction ID: A2007-1170928</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 ▼ 237.35		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	71.73
<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 50 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MICHAEL P COOGAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1609 SYRACUSE LN.		<b>Transaction ID: A2007-1171387</b>	
City State Zip Code SCHAUMBURG IL 60193	Amount of Each Receipt this Period 29.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.62		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL P COOGAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1609 SYRACUSE LN.		<b>Transaction ID: A2007-1170946</b>	
City State Zip Code SCHAUMBURG IL 60193	Amount of Each Receipt this Period 29.23		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.85		

Full Name (Last, First, Middle Initial) <b>C. RONALD L CORBIN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 14 Portrush Place		<b>Transaction ID: A2007-1171486</b>	
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 66.85		
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 ▼ 917.91		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.31
<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: (check only one)	PAGE 51 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. RONALD L CORBIN</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 14 Portrush Place		<b>Transaction ID: A2007-1171046</b>
City <b>BRENTWOOD</b>	State <b>TN</b>	Zip Code <b>37027</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>66.85</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 ▼ <b>984.76</b>	

Full Name (Last, First, Middle Initial) <b>B. THOMAS J CREAGH</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 4008 NORTH HIGHLAND AVENUE		<b>Transaction ID: A2007-1171170</b>
City <b>ARLINGTON HTS</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 <b>19.79</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 ▼ <b>276.56</b>	

Full Name (Last, First, Middle Initial) <b>C. THOMAS J CREAGH</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 4008 NORTH HIGHLAND AVENUE		<b>Transaction ID: A2007-1170727</b>
City <b>ARLINGTON HTS</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 <b>19.79</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 ▼ <b>296.35</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>106.43</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 52 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. WILLIAM G CRIMMINS</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 218 S KASPAR		<b>Transaction ID: A2007-1171289</b>
City	State	Zip Code
ARLINGTON HGTS.	IL	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 ▼ 966.42	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM G CRIMMINS</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 218 S KASPAR		<b>Transaction ID: A2007-1170847</b>
City	State	Zip Code
ARLINGTON HGTS.	IL	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 ▼ 1036.74	

Full Name (Last, First, Middle Initial) <b>C. FREDERICK F CRIPE</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 277 N. BILTMORE DRIVE		<b>Transaction ID: A2007-1171283</b>
City	State	Zip Code
N. BARRINGTON	IL	60010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.77
Name of Employer Allstate Insurance Company	Occupation GVP-Product Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1047.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>221.41</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 53 / 280
	(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. FREDERICK F CRIPE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 277 N. BILTMORE DRIVE		<b>Transaction ID: A2007-1170840</b>
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 80.77	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation GVP-Product Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.47	

Full Name (Last, First, Middle Initial) <b>B. RICHARD C CRIST JR</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 14 CARDINAL DRIVE		<b>Transaction ID: A2007-1171202</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 ▼ 940.73	

Full Name (Last, First, Middle Initial) <b>C. RICHARD C CRIST JR</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 14 CARDINAL DRIVE		<b>Transaction ID: A2007-1170759</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 ▼ 1009.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	217.63
<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 54 / 280
	(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. JOAN M CROCKETT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 27 RIVER BEND CT		<b>Transaction ID: A2007-1171264</b>	
City LAKE BARRINGTON	State IL	Zip Code 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 ▼ 1613.22		

Full Name (Last, First, Middle Initial) <b>B. JOAN M CROCKETT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 27 RIVER BEND CT		<b>Transaction ID: A2007-1170821</b>	
City LAKE BARRINGTON	State IL	Zip Code 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 ▼ 1730.60		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM DALY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 22425 N LINDEN DR.		<b>Transaction ID: A2007-1171188</b>	
City BARRINGTON	State IL	Zip Code 60010	Amount of Each Receipt this Period 40.15
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 ▼ 521.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	274.91
<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:	PAGE 55 / 280
	(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. WILLIAM DALY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 22425 N LINDEN DR.		<b>Transaction ID: A2007-1170745</b>	
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 40.15		
FEC ID number of contributing federal political committee. <b>C</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 ▼ 561.79		

Full Name (Last, First, Middle Initial) <b>B. ROBERT W DANIELS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1020 Pleasant Street #1		<b>Transaction ID: A2007-1171231</b>	
City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 34.47		
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 ▼ 477.69		

Full Name (Last, First, Middle Initial) <b>C. ROBERT W DANIELS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1020 Pleasant Street #1		<b>Transaction ID: A2007-1170788</b>	
City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 34.47		
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 ▼ 512.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	109.09
<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 56 / 280
	(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. SAM DE FRANK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5 COURT OF HIDDEN WELLS		<b>Transaction ID: A2007-1171338</b>	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 32.98	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP & Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>B. SAM DE FRANK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 5 COURT OF HIDDEN WELLS		<b>Transaction ID: A2007-1170895</b>	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 32.98	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation AVP & Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 487.98	

Full Name (Last, First, Middle Initial) <b>C. RANDAL S DECOURSEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6710 BLUE RIDGE LANE		<b>Transaction ID: A2007-1171333</b>	
City State Zip Code LINCOLN NE 68516		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 408.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.96
<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 57 / 280
	<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)  
RANDAL S DECOURSEY

Mailing Address 6710 BLUE RIDGE LANE

City State Zip Code  
LINCOLN NE 68516

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 ▼ 438.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170890

Amount of Each Receipt this Period  
30.00

**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 ▼ 489.45

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171268

Amount of Each Receipt this Period  
35.45

**C.** 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 ▼ 524.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170825

Amount of Each Receipt this Period  
35.45

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.90
<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:	PAGE 58 / 280
	(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. JEFFREY F DEIGL</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 453 PRAIRIE		<b>Transaction ID: A2007-1171438</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 ▼ 713.72	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY F DEIGL</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 453 PRAIRIE		<b>Transaction ID: A2007-1170997</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 ▼ 765.94	

Full Name (Last, First, Middle Initial) <b>C. LORI A DESCH</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 5 TREGONWELL COURT		<b>Transaction ID: A2007-1171257</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 ▼ 431.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.09</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: (check only one)	PAGE 59 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. LORI A DESCH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 5 TREGONWELL COURT		<b>Transaction ID: A2007-1170814</b>	
City State Zip Code ALGONQUIN IL 60102	Amount of Each Receipt this Period 31.65		
FEC ID number of contributing federal political committee. <b>C</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 ▼ 463.05		

Full Name (Last, First, Middle Initial) <b>B. KRISTINE DIGIROLAMO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 10123 NORTH RIVER ROAD		<b>Transaction ID: A2007-1171458</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 ▼ 223.99		

Full Name (Last, First, Middle Initial) <b>C. KRISTINE DIGIROLAMO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 10123 NORTH RIVER ROAD		<b>Transaction ID: A2007-1171018</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 ▼ 240.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	64.47
<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 60 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. LEO DISHEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 340 E 74TH ST APT 6C		<b>Transaction ID: A2007-1171166</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 ▼ 281.25		

Full Name (Last, First, Middle Initial) <b>B. LEO DISHEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 340 E 74TH ST APT 6C		<b>Transaction ID: A2007-1170723</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 ▼ 301.55		

Full Name (Last, First, Middle Initial) <b>C. SARAH R DONAHUE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4147 RFD		<b>Transaction ID: A2007-1171415</b>	
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 55.95		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 766.43		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	96.55
<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: (check only one)	PAGE 61 / 280
	<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. SARAH R DONAHUE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 4147 RFD		<b>Transaction ID: A2007-1170974</b>
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 55.95	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 822.38	

Full Name (Last, First, Middle Initial) <b>B. PHILIP J DORN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 12 SAINT JOHN DRIVE		<b>Transaction ID: A2007-1171531</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 ▼ 298.54	

Full Name (Last, First, Middle Initial) <b>C. PHILIP J DORN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 12 SAINT JOHN DRIVE		<b>Transaction ID: A2007-1171092</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 ▼ 318.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.71
<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 62 / 280
	(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 C DRESSEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 1706 ADLER LANE		<b>Transaction ID: A2007-1171205</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 ▼ 275.97	

Full Name (Last, First, Middle Initial) <b>B. DANIEL C DRESSEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 1706 ADLER LANE		<b>Transaction ID: A2007-1170762</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 ▼ 295.85	

Full Name (Last, First, Middle Initial) <b>C. JAMES M DUDAS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 109 LORRAINE DRIVE		<b>Transaction ID: A2007-1171266</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. <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 ▼ 248.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	57.60
<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 63 / 280
	(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. JAMES M DUDAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 109 LORRAINE DRIVE		<b>Transaction ID: A2007-1170823</b>
City LAKE ZURICH	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.84
Name of Employer Allstate Insurance Company	Occupation Communication Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.85	

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY R DUGAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 3220 SANDY LANE		<b>Transaction ID: A2007-1171519</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 ▼ 408.85	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY R DUGAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 3220 SANDY LANE		<b>Transaction ID: A2007-1171080</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 ▼ 438.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	77.14
<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 64 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. WILLIAM F DULIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1301 NORMANDY CT		<b>Transaction ID: A2007-1171244</b>	
City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 15.22		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Education and Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.48		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM F DULIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1301 NORMANDY CT		<b>Transaction ID: A2007-1170801</b>	
City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 15.22		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Education and Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.70		

Full Name (Last, First, Middle Initial) <b>C. LAURA DUNNE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1810 BALMORAL AVE		<b>Transaction ID: A2007-1171400</b>	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 22.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Strategy Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.63
<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: (check only one)	PAGE 65 / 280
	<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)  
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 ▼  
324.03

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170959

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 ▼  
382.45

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171421

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 ▼  
410.15

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170980

Amount of Each Receipt this Period  
27.70

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	77.59
<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 66 / 280
	(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. JOHN EDELEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1250 So Indiana - Unit 1309		<b>Transaction ID: A2007-1171190</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 ▼ 583.24		

Full Name (Last, First, Middle Initial) <b>B. JOHN EDELEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1250 So Indiana - Unit 1309		<b>Transaction ID: A2007-1170747</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 ▼ 625.21		

Full Name (Last, First, Middle Initial) <b>C. NINA B EIDELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 25 E. Superior # 11B		<b>Transaction ID: A2007-1171138</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 ▼ 863.38		

<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 67 / 280
	(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. NINA B EIDELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 25 E. Superior # 11B		<b>Transaction ID: A2007-1170695</b>	
City <b>CHICAGO</b>	State IL	Zip Code 60611	Amount of Each Receipt this Period 62.28
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Human Reso		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.66		

Full Name (Last, First, Middle Initial) <b>B. PHILIP L EMMANUELE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1085 FOREST HILL RD.		<b>Transaction ID: A2007-1171169</b>	
City <b>LAKE FOREST</b>	State IL	Zip Code 60045	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Marketing Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 827.75		

Full Name (Last, First, Middle Initial) <b>C. PHILIP L EMMANUELE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1085 FOREST HILL RD.		<b>Transaction ID: A2007-1170726</b>	
City <b>LAKE FOREST</b>	State IL	Zip Code 60045	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Marketing Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.75		

<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 68 / 280
	(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. KATHLEEN N ENRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 10323 TRUMBULL AVE		<b>Transaction ID: A2007-1171429</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 ▼ 478.10	

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN N ENRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 10323 TRUMBULL AVE		<b>Transaction ID: A2007-1170988</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 ▼ 512.79	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL L ESCOBAR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 660 BALMORAL LANE		<b>Transaction ID: A2007-1171151</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 ▼ 690.34	

<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 69 / 280
	(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 Y 07 / 20 / 2007	
Mailing Address 660 BALMORAL LANE		<b>Transaction ID: A2007-1170709</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 ▼ 740.52		

Full Name (Last, First, Middle Initial) <b>B. RICHARD B ESPINOZA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 673 HASTINGS ROAD		<b>Transaction ID: A2007-1171352</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 ▼ 428.33		

Full Name (Last, First, Middle Initial) <b>C. RICHARD B ESPINOZA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 673 HASTINGS ROAD		<b>Transaction ID: A2007-1170911</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 ▼ 459.35		

<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:	PAGE 70 / 280
	(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. THOMAS W EVANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1224 BARCLAY CIRCLE		<b>Transaction ID: A2007-1171186</b>
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 575.12	

Full Name (Last, First, Middle Initial) <b>B. THOMAS W EVANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1224 BARCLAY CIRCLE		<b>Transaction ID: A2007-1170743</b>
City BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 616.81	

Full Name (Last, First, Middle Initial) <b>C. DOROTHY EVEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1130 KEYSTONE AVENUE		<b>Transaction ID: A2007-1171328</b>
City RIVER FOREST	State IL	Zip Code 60305
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1124.34	

<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:	PAGE 71 / 280
	(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. DOROTHY EVEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1130 KEYSTONE AVENUE		<b>Transaction ID: A2007-1170885</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. C			
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1206.15		

Full Name (Last, First, Middle Initial) <b>B. KATHRYN L FABYAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 21209 WEST YORKSHIRE DRIVE		<b>Transaction ID: A2007-1171471</b>	
City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 37.85		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.60		

Full Name (Last, First, Middle Initial) <b>C. KATHRYN L FABYAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 21209 WEST YORKSHIRE DRIVE		<b>Transaction ID: A2007-1171031</b>	
City State Zip Code KILDEER IL 60049	Amount of Each Receipt this Period 37.85		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.45		

<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 72 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. GORDON S FALKNOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 703 E CHERRY LN		<b>Transaction ID: A2007-1171349</b>
City <b>ARLINGTON HTS</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 <b>45.99</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>632.38</b>	

Full Name (Last, First, Middle Initial) <b>B. GORDON S FALKNOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 703 E CHERRY LN		<b>Transaction ID: A2007-1170908</b>
City <b>ARLINGTON HTS</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 <b>45.99</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>678.37</b>	

Full Name (Last, First, Middle Initial) <b>C. CAROLYN A FILIPOVIC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 918 JUNIPER ROAD		<b>Transaction ID: A2007-1171450</b>
City <b>GLENVIEW</b>	State <b>IL</b>	Zip Code <b>60025</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.55</b>	
Name of Employer Allstate Insurance Company	Occupation <b>Senior Regional Marketing</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>353.65</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>117.53</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 73 / 280
	(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. CAROLYN A FILIPOVIC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 918 JUNIPER ROAD		<b>Transaction ID: A2007-1171010</b>	
City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 25.55		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Senior Regional Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.20		

Full Name (Last, First, Middle Initial) <b>B. STEVEN FINE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 40375 N. SEA EAGLE CT		<b>Transaction ID: A2007-1171194</b>	
City State Zip Code ANTIOCH IL 60002	Amount of Each Receipt this Period 24.90		
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 ▼ 343.65		

Full Name (Last, First, Middle Initial) <b>C. STEVEN FINE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 40375 N. SEA EAGLE CT		<b>Transaction ID: A2007-1170751</b>	
City State Zip Code ANTIOCH IL 60002	Amount of Each Receipt this Period 24.90		
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 ▼ 368.55		

<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: (check only one)	PAGE 74 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DARYLL D FLETCHER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 22256 W MASHI CT		<b>Transaction ID: A2007-1171320</b>
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 27.89	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-KNOWLEDGE DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.32	

Full Name (Last, First, Middle Initial) <b>B. DARYLL D FLETCHER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 22256 W MASHI CT		<b>Transaction ID: A2007-1170877</b>
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 27.89	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-KNOWLEDGE DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 411.21	

Full Name (Last, First, Middle Initial) <b>C. KELLY F FOGARTY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 613 REX		<b>Transaction ID: A2007-1171344</b>
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 37.08	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 509.11	

<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:	PAGE 75 / 280
	(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. KELLY F FOGARTY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 613 REX		<b>Transaction ID: A2007-1170903</b>	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 37.08		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Specialty Lines		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.19		

Full Name (Last, First, Middle Initial) <b>B. ANGELA K FONTANA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1280 WILD ROSE LANE		<b>Transaction ID: A2007-1171502</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 15.31		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.69		

Full Name (Last, First, Middle Initial) <b>C. ANGELA K FONTANA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1280 WILD ROSE LANE		<b>Transaction ID: A2007-1171062</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 15.31		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.70
<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 76 / 280
	(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. DAWN H FRASE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 24076 N. SHAGBARK		<b>Transaction ID: A2007-1171414</b>	
City LAKE ZURICH	State IL	Zip Code 60047	Amount of Each Receipt this Period 18.25
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 ▼ 253.70		

Full Name (Last, First, Middle Initial) <b>B. DAWN H FRASE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 24076 N. SHAGBARK		<b>Transaction ID: A2007-1170973</b>	
City LAKE ZURICH	State IL	Zip Code 60047	Amount of Each Receipt this Period 18.25
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 ▼ 271.95		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA W FRIDLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 945 Shermer Road		<b>Transaction ID: A2007-1171272</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 74.31
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 952.17		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.81
<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: (check only one)	PAGE 77 / 280
	<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)  
PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Senior Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1026.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170829

Amount of Each Receipt this Period  
74.31

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

Mailing Address 333 DUNLEER DRIVE

City CARY State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171365

Amount of Each Receipt this Period  
16.31

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

Mailing Address 333 DUNLEER DRIVE

City CARY State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170924

Amount of Each Receipt this Period  
16.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	106.93
<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 78 / 280
	<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. ERIC M FRISVOLD</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1404 SHETLAND DR		<b>Transaction ID: A2007-1171499</b>
City <b>MUNDELEIN</b>	State <b>IL</b>	Zip Code <b>60060</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>14.67</b>
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 ▼ <b>203.23</b>	

Full Name (Last, First, Middle Initial) <b>B. ERIC M FRISVOLD</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1404 SHETLAND DR		<b>Transaction ID: A2007-1171059</b>
City <b>MUNDELEIN</b>	State <b>IL</b>	Zip Code <b>60060</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>14.67</b>
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 ▼ <b>217.90</b>	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW D FULLER</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 350 EDGE FIELD LANE		<b>Transaction ID: A2007-1171271</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>39.77</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 ▼ <b>556.78</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>69.11</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 / 280
	(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. MATTHEW D FULLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 350 EDGE FIELD LANE		<b>Transaction ID: A2007-1170828</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. C		
Name of Employer Allstate Insurance Company	Occupation Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 596.55	

Full Name (Last, First, Middle Initial) <b>B. ANGELA FUSCO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 22255 MASHIE CT		<b>Transaction ID: A2007-1171204</b>
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 26.97	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.68	

Full Name (Last, First, Middle Initial) <b>C. ANGELA FUSCO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 22255 MASHIE CT		<b>Transaction ID: A2007-1170761</b>
City State Zip Code IVANHOE IL 60060	Amount of Each Receipt this Period 26.97	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	93.71
<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 80 / 280
	(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. VINCENT A FUSCO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6 SUGAR MAPLE COURT		<b>Transaction ID: A2007-1171149</b>	
City State Zip Code DIX HILLS NY 11746	Amount of Each Receipt this Period 22.66		
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 ▼ 308.28		

Full Name (Last, First, Middle Initial) <b>B. VINCENT A FUSCO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 6 SUGAR MAPLE COURT		<b>Transaction ID: A2007-1170706</b>	
City State Zip Code DIX HILLS NY 11746	Amount of Each Receipt this Period 22.66		
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 ▼ 330.94		

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS F GAER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5610 SOUTH 88th STREET		<b>Transaction ID: A2007-1171505</b>	
City State Zip Code LINCOLN NE 68526	Amount of Each Receipt this Period 22.30		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 312.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.62
<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: (check only one)	PAGE 81 / 280
	<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. DOUGLAS F GAER</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 5610 SOUTH 88th STREET		<b>Transaction ID: A2007-1171065</b>
City LINCOLN	State NE	Zip Code 68526
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.30
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 ▼ 334.50	

Full Name (Last, First, Middle Initial) <b>B. PATRICK C GALLERY</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 2321 WEST STEEPLECHASE		<b>Transaction ID: A2007-1171208</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 58.63
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 ▼ 805.84	

Full Name (Last, First, Middle Initial) <b>C. PATRICK C GALLERY</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 2321 WEST STEEPLECHASE		<b>Transaction ID: A2007-1170765</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 58.63
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 ▼ 864.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>139.56</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: (check only one)	PAGE 82 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. KAREN C GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1434 BAFFIN ROAD		<b>Transaction ID: A2007-1171503</b>	
City State Zip Code GLENVIEW IL 60025		Amount of Each Receipt this Period 68.18	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 937.51	

Full Name (Last, First, Middle Initial) <b>B. KAREN C GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1434 BAFFIN ROAD		<b>Transaction ID: A2007-1171063</b>	
City State Zip Code GLENVIEW IL 60025		Amount of Each Receipt this Period 68.18	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1005.69	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH E GARNETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 507 OLD WALNUT CIRCLE		<b>Transaction ID: A2007-1171155</b>	
City State Zip Code GURNEE IL 60031		Amount of Each Receipt this Period 18.98	
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 ▼ 262.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.34
<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 83 / 280
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH 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 ▼ 281.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170713

Amount of Each Receipt this Period  
18.98

**B.** 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 ▼ 498.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171353

Amount of Each Receipt this Period  
36.07

**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 ▼ 534.95

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170912

Amount of Each Receipt this Period  
36.07

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	91.12
<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 84 / 280
	(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. NICK GEORGAKOPOULOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1846 N. HALSTED ST. #2		<b>Transaction ID: A2007-1171378</b>	
City State Zip Code CHICAGO IL 60614		Amount of Each Receipt this Period 15.73	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Finance & Planning Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.62	

Full Name (Last, First, Middle Initial) <b>B. NICK GEORGAKOPOULOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1846 N. HALSTED ST. #2		<b>Transaction ID: A2007-1170937</b>	
City State Zip Code CHICAGO IL 60614		Amount of Each Receipt this Period 15.73	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Finance & Planning Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.35	

Full Name (Last, First, Middle Initial) <b>C. BONNIE S GILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1570 EDGEFIELD LANE		<b>Transaction ID: A2007-1171504</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 ▼ 419.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	61.99
<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:	PAGE 85 / 280
	(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)  
BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code  
HOFFMAN ESTATES IL 60195

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171064

Amount of Each Receipt this Period  
30.53

**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 ▼ 618.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171152

Amount of Each Receipt this Period  
39.77

**C.** 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 ▼ 658.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170710

Amount of Each Receipt this Period  
39.77

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **110.07**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 280
	(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. MARLA F GLABE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 83 CARIBOU CROSSING		<b>Transaction ID: A2007-1171394</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	Aggregate Year-to-Date ▼ 975.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARLA F GLABE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 83 CARIBOU CROSSING		<b>Transaction ID: A2007-1170953</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	Aggregate Year-to-Date ▼ 1046.46	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ROBERT J GLOD</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1016 N. DERBYSHIRE		<b>Transaction ID: A2007-1171327</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	Aggregate Year-to-Date ▼ 259.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.64
<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 87 / 280
	(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. ROBERT J GLOD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1016 N. DERBYSHIRE		<b>Transaction ID: A2007-1170884</b>	
City State Zip Code ARLINGTON HTS IL 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 ▼ 277.95		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM T GOFF</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 124 FLEETS COVE ROAD		<b>Transaction ID: A2007-1171153</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 ▼ 228.90		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM T GOFF</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 124 FLEETS COVE ROAD		<b>Transaction ID: A2007-1170711</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 ▼ 245.25		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.32
<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 88 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code  
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company      Occupation AVP Administrative Operat

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171256

Amount of Each Receipt this Period  
26.89

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

Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code  
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company      Occupation AVP Administrative Operat

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170813

Amount of Each Receipt this Period  
26.89

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

Mailing Address 10 MULBERRY LN

City State Zip Code  
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company      Occupation Home Office Counsel

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 298.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171312

Amount of Each Receipt this Period  
19.88

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	73.66
<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 89 / 280
	<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)  
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 ▼ 318.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170870

Amount of Each Receipt this Period  
19.88

**B.** 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 ▼ 283.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171183

Amount of Each Receipt this Period  
59.47

**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 ▼ 342.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170740

Amount of Each Receipt this Period  
59.47

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	138.82
<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 90 / 280
	(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. ANN A GOULD</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 4071 NEWPORT LANE		<b>Transaction ID: A2007-1171560</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 ▼ 438.91	

Full Name (Last, First, Middle Initial) <b>B. ANN A GOULD</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 4071 NEWPORT LANE		<b>Transaction ID: A2007-1171120</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 ▼ 470.75	

Full Name (Last, First, Middle Initial) <b>C. GEORGE F GRAWE</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 18799 GUNN HIGHWAY		<b>Transaction ID: A2007-1171253</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 ▼ 298.99	

<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:	PAGE 91 / 280
	(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. GEORGE F GRAWE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 18799 GUNN HIGHWAY		<b>Transaction ID: A2007-1170810</b>	
City <b>ODESSA</b>	State <b>FL</b>	Zip Code <b>33556</b>	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 ▼ 318.87		

Full Name (Last, First, Middle Initial) <b>B. PAMELA P GRAY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 50 E. BELLEVUE PL. #2402		<b>Transaction ID: A2007-1171481</b>	
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60611</b>	Amount of Each Receipt this Period 25.21
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Data Center Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.09		

Full Name (Last, First, Middle Initial) <b>C. PAMELA P GRAY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 50 E. BELLEVUE PL. #2402		<b>Transaction ID: A2007-1171041</b>	
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60611</b>	Amount of Each Receipt this Period 25.21
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Data Center Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 373.30		

<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 92 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JUDITH P GREFFIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 948 NORTH EUCLID AVENUE		<b>Transaction ID: A2007-1171276</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. C			
Name of Employer Allstate Insurance Company		Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 543.55	

Full Name (Last, First, Middle Initial) <b>B. JUDITH P GREFFIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 948 NORTH EUCLID AVENUE		<b>Transaction ID: A2007-1170833</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. C			
Name of Employer Allstate Insurance Company		Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.24	

Full Name (Last, First, Middle Initial) <b>C. MARK A GRELLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1210 HADLEIGH DRIVE		<b>Transaction ID: A2007-1171180</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. C			
Name of Employer Allstate Insurance Company		Occupation Assistant Field Vice Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.87	

<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:	PAGE 93 / 280
	(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. MARK A GRELLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1210 HADLEIGH DRIVE		<b>Transaction ID: A2007-1170737</b>
City <b>WEST CHESTER</b>	State <b>PA</b>	Zip Code <b>19380</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>48.13</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 ▼ <b>709.00</b>	

Full Name (Last, First, Middle Initial) <b>B. MARYLIN H GROOM</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 170 ASPINWALL STREET		<b>Transaction ID: A2007-1170728</b>
City <b>WESTBURY</b>	State <b>NY</b>	Zip Code <b>11590</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>16.35</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 ▼ <b>212.55</b>	

Full Name (Last, First, Middle Initial) <b>C. GREGORY J GUIDOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 804 QUEENS HARBOR BLVD		<b>Transaction ID: A2007-1171449</b>
City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32225</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>22.31</b>
Name of Employer Allstate Insurance Company	Occupation AVP Finance AFW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>310.27</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>86.79</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 / 280
	(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. GREGORY J GUIDOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 804 QUEENS HARBOR BLVD		<b>Transaction ID: A2007-1171009</b>
City State Zip Code JACKSONVILLE FL 32225	Amount of Each Receipt this Period 22.31	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP Finance AFW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.58	

Full Name (Last, First, Middle Initial) <b>B. JOHN F HAAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 6509 E. BETTY ELYSE LANE		<b>Transaction ID: A2007-1171535</b>
City State Zip Code SCOTTSDALE AZ 85254	Amount of Each Receipt this Period 18.54	
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 ▼ 256.86	

Full Name (Last, First, Middle Initial) <b>C. JOHN F HAAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 6509 E. BETTY ELYSE LANE		<b>Transaction ID: A2007-1171096</b>
City State Zip Code SCOTTSDALE AZ 85254	Amount of Each Receipt this Period 18.54	
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 ▼ 275.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.39
<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 / 280
	(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. KIRK HAGGARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 6608 OCASO DRIVE		<b>Transaction ID: A2007-1171556</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 ▼ 376.26		

Full Name (Last, First, Middle Initial) <b>B. KIRK HAGGARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 6608 OCASO DRIVE		<b>Transaction ID: A2007-1171116</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 ▼ 403.60		

Full Name (Last, First, Middle Initial) <b>C. JAMES W HAIDU</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 3 South Wynstone		<b>Transaction ID: A2007-1171404</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 ▼ 719.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	106.91
<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 96 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JAMES W HAIDU</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 3 South Wynstone		<b>Transaction ID: A2007-1170963</b>
City	State	Zip Code
N. BARRINGTON	IL	60010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 52.23
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 ▼ 772.11	

Full Name (Last, First, Middle Initial) <b>B. ROBERT F HAIR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 17 NORTH TRAIL		<b>Transaction ID: A2007-1171561</b>
City	State	Zip Code
HAWTHORN WOODS	IL	60047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.71
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 ▼ 356.19	

Full Name (Last, First, Middle Initial) <b>C. ROBERT F HAIR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 17 NORTH TRAIL		<b>Transaction ID: A2007-1171121</b>
City	State	Zip Code
HAWTHORN WOODS	IL	60047
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.71
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 ▼ 381.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	103.65
<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 97 / 280
	<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)  
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 ▼ 1932.49

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171470

Amount of Each Receipt this Period  
140.61

**B.** 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 ▼ 2073.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171030

Amount of Each Receipt this Period  
140.61

**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 ▼ 240.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171428

Amount of Each Receipt this Period  
17.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	298.41
<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: (check only one)	PAGE 98 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. ROBERT HALPERN-GIVENS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 3001 SUTTON WOODS CT		<b>Transaction ID: A2007-1170987</b>	
City State Zip Code CRYSTAL LAKE IL 60012	Amount of Each Receipt this Period 17.19		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 257.85		

Full Name (Last, First, Middle Initial) <b>B. RANDALL M HANSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 840 ALLEGHANY		<b>Transaction ID: A2007-1171513</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 ▼ 427.07		

Full Name (Last, First, Middle Initial) <b>C. RANDALL M HANSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 840 ALLEGHANY		<b>Transaction ID: A2007-1171073</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 ▼ 458.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	79.05
<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 99 / 280
	(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. MICHAEL L HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1141 WINNERS CIRCLE		<b>Transaction ID: A2007-1171565</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 ▼ 1855.70	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL L HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1141 WINNERS CIRCLE		<b>Transaction ID: A2007-1171125</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 ▼ 1988.25	

Full Name (Last, First, Middle Initial) <b>C. FREDRICH A HATCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 8313 STRATHMORE LANE		<b>Transaction ID: A2007-1171532</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 ▼ 228.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	281.45
<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:	PAGE 100 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. FREDRICH A HATCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 8313 STRATHMORE LANE		<b>Transaction ID: A2007-1171093</b>	
City State Zip Code ROANOKE VA 24019	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 Territory Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.25		

Full Name (Last, First, Middle Initial) <b>B. KEITH A HAUSCHILDT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 636 ROSEDALE AVE		<b>Transaction ID: A2007-1171269</b>	
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 15.91		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 216.93		

Full Name (Last, First, Middle Initial) <b>C. KEITH A HAUSCHILDT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 636 ROSEDALE AVE		<b>Transaction ID: A2007-1170826</b>	
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 15.91		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 232.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.17
<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 101 / 280
	(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 07 / 06 / 2007
Mailing Address 28365 West Big Hollow Road		<b>Transaction ID: A2007-1171267</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 ▼ 894.04	

Full Name (Last, First, Middle Initial) <b>B. DANIEL J HEBEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 28365 West Big Hollow Road		<b>Transaction ID: A2007-1170824</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 ▼ 959.06	

Full Name (Last, First, Middle Initial) <b>C. RICHARD J HENEBERRY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 23 CLAYTON		<b>Transaction ID: A2007-1171293</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 ▼ 330.12	

<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 102 / 280
	(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. RICHARD J HENEBERRY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 23 CLAYTON		<b>Transaction ID: A2007-1170851</b>	
City LAKE VILLA	State IL	Zip Code 60046	Amount of Each Receipt this Period 23.93
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Intract Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.05		

Full Name (Last, First, Middle Initial) <b>B. ROBERT L HERRING</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4337 SPRUCE BOUGH DR		<b>Transaction ID: A2007-1171475</b>	
City MARIETTA	State GA	Zip Code 30062	Amount of Each Receipt this Period 29.55
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.05		

Full Name (Last, First, Middle Initial) <b>C. ROBERT L HERRING</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4337 SPRUCE BOUGH DR		<b>Transaction ID: A2007-1171035</b>	
City MARIETTA	State GA	Zip Code 30062	Amount of Each Receipt this Period 29.55
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.60		

<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 103 / 280
	<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)  
EDDIE H HILL

Mailing Address 701 GOODLAND AVE.

City State Zip Code  
ROANOKE VA 24019

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

Name of Employer Allstate Insurance Company Occupation Territory Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170778

Amount of Each Receipt this Period  
14.38

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1122.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171230

Amount of Each Receipt this Period  
83.08

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1205.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170787

Amount of Each Receipt this Period  
83.08

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.54**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. SHERYL L HODGES</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 2510 OAK AVENUE		<b>Transaction ID: A2007-1171383</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 15.52
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.68	

Full Name (Last, First, Middle Initial) <b>B. SHERYL L HODGES</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 2510 OAK AVENUE		<b>Transaction ID: A2007-1170942</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 15.52
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.20	

Full Name (Last, First, Middle Initial) <b>C. MERRILD A HOOVER</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 49 DORAL STREET		<b>Transaction ID: A2007-1171234</b>
City HURRICANE	State WV	Zip Code 25526
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 22.68
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 ▼ 316.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	53.72
<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 105 / 280		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 49 DORAL STREET

City State Zip Code  
HURRICANE WV 25526

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

Name of Employer Allstate Insurance Company Occupation Market Distribution Leade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 339.10

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

Transaction ID: A2007-1170791

Amount of Each Receipt this Period  
22.68

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

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.32

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2007

Transaction ID: A2007-1171466

Amount of Each Receipt this Period  
19.88

**C.** Full Name (Last, First, Middle Initial)  
MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 298.20

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

Transaction ID: A2007-1171026

Amount of Each Receipt this Period  
19.88

<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 106 / 280
	(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 S HURLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1225 N. BURGANDY TRAIL		<b>Transaction ID: A2007-1171212</b>	
City State Zip Code JACKSONVILLE FL 32259	Amount of Each Receipt this Period 14.64		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.16		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL S HURLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1225 N. BURGANDY TRAIL		<b>Transaction ID: A2007-1170769</b>	
City State Zip Code JACKSONVILLE FL 32259	Amount of Each Receipt this Period 14.64		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Finance Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.80		

Full Name (Last, First, Middle Initial) <b>C. STEPHEN L IHM</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 21558 W GOLDFINCH CT		<b>Transaction ID: A2007-1171380</b>	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 43.48		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.01		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	72.76
<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 107 / 280
	(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. STEPHEN L IHM</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 21558 W GOLDFINCH CT		<b>Transaction ID: A2007-1170939</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 ▼ 648.49		

Full Name (Last, First, Middle Initial) <b>B. KENNETH A IRVIN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6352 CRAGIE HILL CT		<b>Transaction ID: A2007-1171209</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 ▼ 217.00		

Full Name (Last, First, Middle Initial) <b>C. KENNETH A IRVIN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 6352 CRAGIE HILL CT		<b>Transaction ID: A2007-1170766</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 ▼ 232.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.48
<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 108 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171337

Amount of Each Receipt this Period  
27.33

**B.** Full Name (Last, First, Middle Initial)  
LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170894

Amount of Each Receipt this Period  
27.33

**C.** Full Name (Last, First, Middle Initial)  
BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code  
Altamonte Springs FL 32714

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 309.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171522

Amount of Each Receipt this Period  
19.88

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	74.54
<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 109 / 280		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. BOB A JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 226 Maison Court		<b>Transaction ID: A2007-1171083</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 ▼ 329.20		

Full Name (Last, First, Middle Initial) <b>B. JAMES C JAMIESON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 25 BRUCE CIRCLE NORTH		<b>Transaction ID: A2007-1171306</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 ▼ 439.61		

Full Name (Last, First, Middle Initial) <b>C. JAMES C JAMIESON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 25 BRUCE CIRCLE NORTH		<b>Transaction ID: A2007-1170865</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 ▼ 471.50		

<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 110 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. LARRY D JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 21943 W VERNON RIDGE DRIVE		<b>Transaction ID: A2007-1171287</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 ▼ 734.65	

Full Name (Last, First, Middle Initial) <b>B. LARRY D JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 21943 W VERNON RIDGE DRIVE		<b>Transaction ID: A2007-1170845</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 ▼ 787.64	

Full Name (Last, First, Middle Initial) <b>C. RONALD JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1726 R.F.D		<b>Transaction ID: A2007-1171517</b>	
City State Zip Code LONG GROVE IL 60047		Amount of Each Receipt this Period 14.82	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company Occupation AVP Allstate Force Develo			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.80
<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 111 / 280
	(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. RONALD JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1726 R.F.D		<b>Transaction ID: A2007-1171078</b>	
City <b>LONG GROVE</b>	State <b>IL</b>	Zip Code <b>60047</b>	Amount of Each Receipt this Period 14.82
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Allstate Force Develo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.29		

Full Name (Last, First, Middle Initial) <b>B. LEWIS L JONES</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address P.O. BOX 498		<b>Transaction ID: A2007-1171233</b>	
City <b>WADSWORTH</b>	State <b>IL</b>	Zip Code <b>60083</b>	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 ▼ 224.37		

Full Name (Last, First, Middle Initial) <b>C. LEWIS L JONES</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address P.O. BOX 498		<b>Transaction ID: A2007-1170790</b>	
City <b>WADSWORTH</b>	State <b>IL</b>	Zip Code <b>60083</b>	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 ▼ 240.65		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.38
<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 112 / 280
	<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. DOLORES M JOSSUND</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 4242 W. HARRINGTON LANE		<b>Transaction ID: A2007-1171366</b>
City CHICAGO	State IL	Zip Code 60646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.77
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 ▼ 587.81	

Full Name (Last, First, Middle Initial) <b>B. DOLORES M JOSSUND</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 4242 W. HARRINGTON LANE		<b>Transaction ID: A2007-1170925</b>
City CHICAGO	State IL	Zip Code 60646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.77
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 ▼ 627.58	

Full Name (Last, First, Middle Initial) <b>C. JOHN A KANE</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1 LONGLEY PLACE		<b>Transaction ID: A2007-1171156</b>
City HUNTINGTON STA	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.35
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 ▼ 228.70	

<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 113 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 245.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170714

Amount of Each Receipt this Period  
16.35

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code  
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171457

Amount of Each Receipt this Period  
15.59

**C.** Full Name (Last, First, Middle Initial)  
TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City State Zip Code  
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 232.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171017

Amount of Each Receipt this Period  
15.59

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	47.53
<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:	PAGE 114 / 280
	(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. JEFF L KAUFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 5271 SERENE VIEW WAY		<b>Transaction ID: A2007-1171528</b>
City State Zip Code PARKER CO 80134	Amount of Each Receipt this Period 76.88	
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 ▼ 1060.64	

Full Name (Last, First, Middle Initial) <b>B. JEFF L KAUFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 5271 SERENE VIEW WAY		<b>Transaction ID: A2007-1171089</b>
City State Zip Code PARKER CO 80134	Amount of Each Receipt this Period 76.88	
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 ▼ 1137.52	

Full Name (Last, First, Middle Initial) <b>C. MARY KEITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2309 RFD		<b>Transaction ID: A2007-1171555</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. <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 ▼ 236.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.86
<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 115 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MARY KEITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2309 RFD		<b>Transaction ID: A2007-1171115</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 ▼ 254.00		

Full Name (Last, First, Middle Initial) <b>B. TERRY KELAHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 924 W. CHESTERFIELD CT.		<b>Transaction ID: A2007-1171376</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 ▼ 1111.32		

Full Name (Last, First, Middle Initial) <b>C. TERRY KELAHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 924 W. CHESTERFIELD CT.		<b>Transaction ID: A2007-1170935</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 ▼ 1191.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	178.36
<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 116 / 280
	<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. DAVID E KENNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 622 SEDGWICK DR.		<b>Transaction ID: A2007-1171405</b>	
City LIBERTYVILLE	State IL	Amount of Each Receipt this Period 19.82	
Zip Code 60048			
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 ▼ 275.53		

Full Name (Last, First, Middle Initial) <b>B. DAVID E KENNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 622 SEDGWICK DR.		<b>Transaction ID: A2007-1170964</b>	
City LIBERTYVILLE	State IL	Amount of Each Receipt this Period 19.82	
Zip Code 60048			
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 ▼ 295.35		

Full Name (Last, First, Middle Initial) <b>C. DARON K KERSTEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 548 TIMBER RIDGE DR		<b>Transaction ID: A2007-1171249</b>	
City LONGWOOD	State FL	Amount of Each Receipt this Period 23.08	
Zip Code 32779			
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 ▼ 318.67		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.72
<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:	PAGE 117 / 280
	(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)  
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 ▼ 341.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170806

Amount of Each Receipt this Period  
23.08

**B.** 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 ▼ 599.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171136

Amount of Each Receipt this Period  
43.12

**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 ▼ 642.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170693

Amount of Each Receipt this Period  
43.12

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>109.32</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 118 / 280
	<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

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)  
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 ▼ 507.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171309

Amount of Each Receipt this Period  
36.90

**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 ▼ 544.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170867

Amount of Each Receipt this Period  
36.90

**C.** Full Name (Last, First, Middle Initial)  
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code  
Tower Lakes IL 60010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 339.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171360

Amount of Each Receipt this Period  
24.49

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	98.29
<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 119 / 280
	<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. PAUL N KIERIG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 200 OXFORD RD		<b>Transaction ID: A2007-1170919</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. 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 ▼ 363.99		

Full Name (Last, First, Middle Initial) <b>B. BARBARA L KILROY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1036 VINEYARD DRIVE		<b>Transaction ID: A2007-1171218</b>	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 17.42		
FEC ID number of contributing federal political committee. C			
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 ▼ 240.13		

Full Name (Last, First, Middle Initial) <b>C. BARBARA L KILROY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1036 VINEYARD DRIVE		<b>Transaction ID: A2007-1170775</b>	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 17.42		
FEC ID number of contributing federal political committee. C			
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 ▼ 257.55		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.33
<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 120 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JAMES P KING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 592 TURNER AVENUE		<b>Transaction ID: A2007-1171433</b>
City State Zip Code GLEN ELLYN IL 60137	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.48
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 ▼ 491.57	

Full Name (Last, First, Middle Initial) <b>B. JAMES P KING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 592 TURNER AVENUE		<b>Transaction ID: A2007-1170992</b>
City State Zip Code GLEN ELLYN IL 60137	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.48
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 ▼ 527.05	

Full Name (Last, First, Middle Initial) <b>C. LAURA S KISTNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 22047 W. PETOSKEY CT		<b>Transaction ID: A2007-1171489</b>
City State Zip Code PLAINFIELD IL 60544	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.65
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 ▼ 230.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	87.61
<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 121 / 280
	<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)  
LAURA S KISTNER

Mailing Address 22047 W. PETOSKEY CT

City State Zip Code  
PLAINFIELD IL 60544

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 ▼ 248.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171049

Amount of Each Receipt this Period  
17.65

**B.** Full Name (Last, First, Middle Initial)  
KEITH A KNAPP

Mailing Address 175 Macarthur Dr #3712

City State Zip Code  
Willowbrook IL 60527

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

Name of Employer Allstate Insurance Company Occupation Director DSN & CONST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 244.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171280

Amount of Each Receipt this Period  
17.74

**C.** Full Name (Last, First, Middle Initial)  
KEITH A KNAPP

Mailing Address 175 Macarthur Dr #3712

City State Zip Code  
Willowbrook IL 60527

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

Name of Employer Allstate Insurance Company Occupation Director DSN & CONST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170837

Amount of Each Receipt this Period  
17.74

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	53.13
<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:	PAGE 122 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JEFFREY D KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2050 GLENDALE AVE		<b>Transaction ID: A2007-1171510</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 ▼ 386.38	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY D KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 2050 GLENDALE AVE		<b>Transaction ID: A2007-1171070</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 ▼ 414.50	

Full Name (Last, First, Middle Initial) <b>C. MARY G KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2050 GLENDALE AVENUE		<b>Transaction ID: A2007-1171298</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 ▼ 297.02	

<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 123 / 280
	<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. MARY G KNIPP</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2050 GLENDALE AVENUE		<b>Transaction ID: A2007-1170856</b>
City NORTHBROOK State IL Zip Code 60062	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 Allstate Financial Market		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.90	

Full Name (Last, First, Middle Initial) <b>B. GARY L KOCHANЕК</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 743 CARDIGAN CT		<b>Transaction ID: A2007-1171316</b>
City NAPERVILLE State IL Zip Code 60565	Amount of Each Receipt this Period 32.70	
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 ▼ 457.80	

Full Name (Last, First, Middle Initial) <b>C. GARY L KOCHANЕК</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 743 CARDIGAN CT		<b>Transaction ID: A2007-1170873</b>
City NAPERVILLE State IL Zip Code 60565	Amount of Each Receipt this Period 32.70	
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 ▼ 490.50	

<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:	PAGE 124 / 280
	(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. JOANNE L KRON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 341 N FIORE PARKWAY		<b>Transaction ID: A2007-1171311</b>
City VERNON HILLS	State IL	Zip Code 60061
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 ▼ 597.82	

Full Name (Last, First, Middle Initial) <b>B. JOANNE L KRON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 341 N FIORE PARKWAY		<b>Transaction ID: A2007-1170869</b>
City VERNON HILLS	State IL	Zip Code 60061
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 ▼ 637.59	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL A LA MONICA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 22401 BROOKSIDE WAY		<b>Transaction ID: A2007-1171364</b>
City LAKE BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 67.29
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 ▼ 928.34	

<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 125 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MICHAEL A LA MONICA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 22401 BROOKSIDE WAY		<b>Transaction ID: A2007-1170923</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. <b>C</b>			
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 ▼ 995.63		

Full Name (Last, First, Middle Initial) <b>B. ANTHONY LASKA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2707 SKYLINE DRIVE		<b>Transaction ID: A2007-1171160</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. <b>C</b>			
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 ▼ 611.73		

Full Name (Last, First, Middle Initial) <b>C. ANTHONY LASKA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2707 SKYLINE DRIVE		<b>Transaction ID: A2007-1170717</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. <b>C</b>			
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 ▼ 656.45		

<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 126 / 280
	<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. DEBORAH G LAWRENCE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 910 S MICHIGAN AVE #1501		<b>Transaction ID: A2007-1171286</b>	
City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.32		

Full Name (Last, First, Middle Initial) <b>B. DEBORAH G LAWRENCE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 910 S MICHIGAN AVE #1501		<b>Transaction ID: A2007-1170844</b>	
City State Zip Code CHICAGO IL 60605	Amount of Each Receipt this Period 19.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.20		

Full Name (Last, First, Middle Initial) <b>C. PHILLIP E LAWSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 900 PARK AVENUE NORTH		<b>Transaction ID: A2007-1171516</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. 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 ▼ 998.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	112.80
<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 127 / 280
	<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)  
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 ▼ 1071.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171077

Amount of Each Receipt this Period  
73.04

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

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code  
CHICAGO IL 60605

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 792.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171148

Amount of Each Receipt this Period  
57.57

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

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code  
CHICAGO IL 60605

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 849.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170705

Amount of Each Receipt this Period  
57.57

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>188.18</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 128 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. MICHELLE LEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1404 100TH AVENUE NE		<b>Transaction ID: A2007-1171563</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 ▼ 792.84		

Full Name (Last, First, Middle Initial) <b>B. MICHELLE LEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1404 100TH AVENUE NE		<b>Transaction ID: A2007-1171123</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 ▼ 851.29		

Full Name (Last, First, Middle Initial) <b>C. SUSAN L LEES</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1705 DARTMOUTH LN		<b>Transaction ID: A2007-1171135</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 ▼ 334.74		

<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:	PAGE 129 / 280
	(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. SUSAN L LEES</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1705 DARTMOUTH LN		<b>Transaction ID: A2007-1170692</b>
City DEERFIELD	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.55
Name of Employer Allstate Insurance Company	Occupation AVP Ast General Counsel &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.29	

Full Name (Last, First, Middle Initial) <b>B. ANDREW P LEICHT</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 25658 N ARROWHEAD		<b>Transaction ID: A2007-1171321</b>
City MUNDELEIN	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.69
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.66	

Full Name (Last, First, Middle Initial) <b>C. ANDREW P LEICHT</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 25658 N ARROWHEAD		<b>Transaction ID: A2007-1170878</b>
City MUNDELEIN	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.69
Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>89.93</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 130 / 280
	<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. NANCY L LEMKE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 5697 BROOKSTONE WALK		<b>Transaction ID: A2007-1171389</b>
City State Zip Code ACWORTH GA 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 ▼ 299.37	

Full Name (Last, First, Middle Initial) <b>B. NANCY L LEMKE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 5697 BROOKSTONE WALK		<b>Transaction ID: A2007-1170948</b>
City State Zip Code ACWORTH GA 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 ▼ 321.05	

Full Name (Last, First, Middle Initial) <b>C. KELLY J LIEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 3 BEDFORD COURT		<b>Transaction ID: A2007-1171538</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. <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 ▼ 239.69	

<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:	PAGE 131 / 280
	(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. KELLY J LIEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 3 BEDFORD COURT		<b>Transaction ID: A2007-1171099</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 ▼ 257.05	

Full Name (Last, First, Middle Initial) <b>B. CHARLES M LITTLE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 20 STONEGATE POINT		<b>Transaction ID: A2007-1171043</b>	
City State Zip Code HOT SPRINGS AR 71913		Amount of Each Receipt this Period 13.83	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.80	

Full Name (Last, First, Middle Initial) <b>C. TERESA G LOGUE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 7187 PRESIDENTIAL DRIVE		<b>Transaction ID: A2007-1171342</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 ▼ 305.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.63
<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: (check only one)	PAGE 132 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. TERESA G LOGUE</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 7187 PRESIDENTIAL DRIVE		<b>Transaction ID: A2007-1170901</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 22.44
Name of Employer Allstate Insurance Company	Occupation AVP Direct Response	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.41	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER T LONGEWAY</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1134 W. PATTERSON #1		<b>Transaction ID: A2007-1171375</b>
City State Zip Code CHICAGO IL 60613	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 28.05
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.55	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER T LONGEWAY</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1134 W. PATTERSON #1		<b>Transaction ID: A2007-1170934</b>
City State Zip Code CHICAGO IL 60613	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 28.05
Name of Employer Allstate Insurance Company	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>78.54</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 133 / 280
	(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. RICHARD E LOTT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4666 SW HAMMOCK CREEK DR		<b>Transaction ID: A2007-1171252</b>	
City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.90		

Full Name (Last, First, Middle Initial) <b>B. RICHARD E LOTT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4666 SW HAMMOCK CREEK DR		<b>Transaction ID: A2007-1170809</b>	
City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 16.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.25		

Full Name (Last, First, Middle Initial) <b>C. JOHN C LOUNDS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4424 STONEHAVEN		<b>Transaction ID: A2007-1171455</b>	
City State Zip Code LONG GROVE IL 60047	Amount of Each Receipt this Period 36.81		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Product AF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.47		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	69.51
<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 134 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JOHN C LOUNDS</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 4424 STONEHAVEN		<b>Transaction ID: A2007-1171015</b>
City LONG GROVE	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 542.28	

Full Name (Last, First, Middle Initial) <b>B. COREY C LUECHT</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 843 Spring Cove Dr		<b>Transaction ID: A2007-1171392</b>
City SCHAUMBURG	State IL	Zip Code 60193
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 216.80	

Full Name (Last, First, Middle Initial) <b>C. COREY C LUECHT</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 843 Spring Cove Dr		<b>Transaction ID: A2007-1170951</b>
City SCHAUMBURG	State IL	Zip Code 60193
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 232.95	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	69.11
<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 135 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. BENJAMIN E LUMICAO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 343 S. DEARBORN ST. APT. 504		<b>Transaction ID: A2007-1171418</b>
City State Zip Code CHICAGO IL 60604	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.64
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 ▼ 422.76	

Full Name (Last, First, Middle Initial) <b>B. BENJAMIN E LUMICAO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 343 S. DEARBORN ST. APT. 504		<b>Transaction ID: A2007-1170977</b>
City State Zip Code CHICAGO IL 60604	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.64
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 ▼ 453.40	

Full Name (Last, First, Middle Initial) <b>C. DANIEL J MACDONALD</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2250 RIDGETRAIL DR		<b>Transaction ID: A2007-1171465</b>
City State Zip Code CASTLE ROCK CO 80104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 23.99
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 ▼ 330.71	

<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: (check only one)	PAGE 136 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DANIEL J MACDONALD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2250 RIDGETRAIL DR		<b>Transaction ID: A2007-1171025</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 ▼ 354.70		

Full Name (Last, First, Middle Initial) <b>B. MORRIS A MADURO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address PO BOX 4343		<b>Transaction ID: A2007-1171159</b>	
City State Zip Code NAPERVILLE IL 60567	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 Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.75		

Full Name (Last, First, Middle Initial) <b>C. MORRIS A MADURO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address PO BOX 4343		<b>Transaction ID: A2007-1170716</b>	
City State Zip Code NAPERVILLE IL 60567	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 Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 559.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	99.69
<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: (check only one)	PAGE 137 / 280
	<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. KATHERINE MALCOMSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 185 NILES EAST		<b>Transaction ID: A2007-1171452</b>	
City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 19.18
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Education and Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.37		

Full Name (Last, First, Middle Initial) <b>B. KATHERINE MALCOMSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 185 NILES EAST		<b>Transaction ID: A2007-1171012</b>	
City LAKE FOREST	State IL	Zip Code 60045	Amount of Each Receipt this Period 19.18
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Education and Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.55		

Full Name (Last, First, Middle Initial) <b>C. FELIX A MANTILLA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 28601 N. Sky Crest Drive		<b>Transaction ID: A2007-1171467</b>	
City Ivanhoe	State IL	Zip Code 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 ▼ 647.36		

<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: (check only one)	PAGE 138 / 280
	<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. FELIX A MANTILLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 28601 N. Sky Crest Drive		<b>Transaction ID: A2007-1171027</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 ▼ 694.46		

Full Name (Last, First, Middle Initial) <b>B. KENNETH P MARCOTTE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2311 HAVERTON DR		<b>Transaction ID: A2007-1171326</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 ▼ 249.53		

Full Name (Last, First, Middle Initial) <b>C. KENNETH P MARCOTTE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2311 HAVERTON DR		<b>Transaction ID: A2007-1170883</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 ▼ 267.60		

<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: (check only one)	PAGE 139 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MICHAEL P MARK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 3178 HAVEN LANE		<b>Transaction ID: A2007-1171395</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 37.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Senior Planning Con	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.32	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL P MARK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 3178 HAVEN LANE		<b>Transaction ID: A2007-1170954</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 37.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation CC IT Senior Planning Con	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.99	

Full Name (Last, First, Middle Initial) <b>C. JOHN R MATHEWS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 401 E NORTH AVENUE		<b>Transaction ID: A2007-1171419</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. 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 ▼ 298.48	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.22
<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 140 / 280
	(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. JOHN R MATHEWS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 401 E NORTH AVENUE		<b>Transaction ID: A2007-1170978</b>
City <b>LAKE BLUFF</b>	State <b>IL</b>	Zip Code <b>60044</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>19.88</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 ▼ <b>318.36</b>	

Full Name (Last, First, Middle Initial) <b>B. W. D Mays</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 256 Post Oak Drive		<b>Transaction ID: A2007-1171229</b>
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24019</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>18.20</b>	
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 ▼ <b>253.60</b>	

Full Name (Last, First, Middle Initial) <b>C. W. D Mays</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 256 Post Oak Drive		<b>Transaction ID: A2007-1170786</b>
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24019</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>18.20</b>	
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 ▼ <b>271.80</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>56.28</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 141 / 280
	<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. MICHAEL J MC CABE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 8 S. WYNSTONE DRIVE		<b>Transaction ID: A2007-1171530</b>
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 119.77	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1530.73	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J MC CABE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 8 S. WYNSTONE DRIVE		<b>Transaction ID: A2007-1171091</b>
City State Zip Code N. BARRINGTON IL 60010	Amount of Each Receipt this Period 119.77	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.50	

Full Name (Last, First, Middle Initial) <b>C. MARY J MC GINN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 155 BUCKLEY ROAD		<b>Transaction ID: A2007-1171403</b>
City State Zip Code BARRINGTON HILL IL 60010	Amount of Each Receipt this Period 75.46	
FEC ID number of contributing federal political committee. C		
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 ▼ 1037.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	315.00
<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:	PAGE 142 / 280
	(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)  
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 ▼ 1112.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170962

Amount of Each Receipt this Period  
75.46

**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 ▼ 549.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171351

Amount of Each Receipt this Period  
39.76

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 589.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170910

Amount of Each Receipt this Period  
39.76

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	154.98
<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 143 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. PATRICIA M MCCARTHY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 222 STONE FENCE ROAD		<b>Transaction ID: A2007-1171174</b>	
City State Zip Code VERNON HILLS IL 60061	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 Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.32		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA M MCCARTHY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 222 STONE FENCE ROAD		<b>Transaction ID: A2007-1170731</b>	
City State Zip Code VERNON HILLS IL 60061	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 Claim Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.20		

Full Name (Last, First, Middle Initial) <b>C. BRIAN D MCCLELLAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2206 W. LAWRENCE LANE		<b>Transaction ID: A2007-1171399</b>	
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.18		
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 ▼ 210.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	54.94
<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 144 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. BRIAN D MCCLELLAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2206 W. LAWRENCE LANE		<b>Transaction ID: A2007-1170958</b>	
City State Zip Code MT. PROSPECT IL 60056	Amount of Each Receipt this Period 15.18		
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 ▼ 225.50		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH P MCCORMICK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 808 PARKDALE CT.		<b>Transaction ID: A2007-1171216</b>	
City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 16.10		
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 ▼ 223.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH P MCCORMICK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 808 PARKDALE CT.		<b>Transaction ID: A2007-1170773</b>	
City State Zip Code SOUTHLAKE TX 76092	Amount of Each Receipt this Period 16.10		
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 ▼ 239.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.38
<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 145 / 280
	<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)  
MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 283.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171539

Amount of Each Receipt this Period  
20.82

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.67

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171100

Amount of Each Receipt this Period  
20.82

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

Mailing Address 28 MANCERA

City State Zip Code  
RANCHO SANTA MA CA 92688

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 ▼ 419.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171534

Amount of Each Receipt this Period  
30.10

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	71.74
<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 146 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. EVAM MCINTEE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 28 MANCERA		<b>Transaction ID: A2007-1171095</b>	
City State Zip Code RANCHO SANTA MA CA 92688	Amount of Each Receipt this Period 30.10		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Marketing Claims Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL MCKINNEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1207 DEVENS DRIVE		<b>Transaction ID: A2007-1171225</b>	
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 44.59		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 612.29		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL MCKINNEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1207 DEVENS DRIVE		<b>Transaction ID: A2007-1170782</b>	
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 44.59		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 656.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	119.28
<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 147 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. PATRICIA S MCPHERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 3133 N. Walker Lane West		<b>Transaction ID: A2007-1171544</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 ▼ 254.35		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA S MCPHERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 3133 N. Walker Lane West		<b>Transaction ID: A2007-1171105</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 ▼ 270.70		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY J MCRAE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1213 THORNDALE LN		<b>Transaction ID: A2007-1171262</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 ▼ 288.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.58
<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 148 / 280
	<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)  
JEFFREY J MCRAE

Mailing Address 1213 THORNDALE LN

City State Zip Code  
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 308.94

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170819

Amount of Each Receipt this Period  
20.88

**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 ▼ 446.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171154

Amount of Each Receipt this Period  
32.47

**C.** Full Name (Last, First, Middle Initial)  
GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 478.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170712

Amount of Each Receipt this Period  
32.47

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.82
<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 149 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JANE M MELLON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 184 GARFIELD		<b>Transaction ID: A2007-1171332</b>	
City State Zip Code ELMHURST IL 60126		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 ▼ 587.95	

Full Name (Last, First, Middle Initial) <b>B. JANE M MELLON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 184 GARFIELD		<b>Transaction ID: A2007-1170889</b>	
City State Zip Code ELMHURST IL 60126		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 ▼ 627.72	

Full Name (Last, First, Middle Initial) <b>C. HANS H METZINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 407 E. CLAIRE LANE		<b>Transaction ID: A2007-1171385</b>	
City State Zip Code PROSPECT HTS IL 60070		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 Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.39	

<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:	PAGE 150 / 280
	(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. HANS H METZINGER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 407 E. CLAIRE LANE		<b>Transaction ID: A2007-1170944</b>
City State Zip Code PROSPECT HTS IL 60070	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 Distribution Support Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.74	

Full Name (Last, First, Middle Initial) <b>B. JACK C MIGDAL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 4240 FOREST GLEN DRIVE		<b>Transaction ID: A2007-1171177</b>
City State Zip Code HOFFMAN ESTATES IL 60195	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 Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.90	

Full Name (Last, First, Middle Initial) <b>C. JACK C MIGDAL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 4240 FOREST GLEN DRIVE		<b>Transaction ID: A2007-1170734</b>
City State Zip Code HOFFMAN ESTATES IL 60195	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 Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	49.05
<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 151 / 280
	(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. FREDERICK J MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 6975 MEADOW POINT TER		<b>Transaction ID: A2007-1171282</b>	
City State Zip Code NEW MARKET MD 21774	Amount of Each Receipt this Period 22.76		
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 ▼ 312.19		

Full Name (Last, First, Middle Initial) <b>B. FREDERICK J MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 6975 MEADOW POINT TER		<b>Transaction ID: A2007-1170839</b>	
City State Zip Code NEW MARKET MD 21774	Amount of Each Receipt this Period 22.76		
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 ▼ 334.95		

Full Name (Last, First, Middle Initial) <b>C. STEVEN M MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1625 THORNEAPPLE LANE		<b>Transaction ID: A2007-1171445</b>	
City State Zip Code ALGONQUIN IL 60102	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 CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.77		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.40
<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 152 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. STEVEN M MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1625 THORNEAPPLE LANE		<b>Transaction ID: A2007-1171005</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 19.88
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 ▼ 295.65	

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE K MINER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 25264 MCINTYRE SQUARE		<b>Transaction ID: A2007-1171254</b>
City SOUTH RIDING	State VA	Zip Code 20152
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.15
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 ▼ 330.75	

Full Name (Last, First, Middle Initial) <b>C. CHRISTINE K MINER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 25264 MCINTYRE SQUARE		<b>Transaction ID: A2007-1170811</b>
City SOUTH RIDING	State VA	Zip Code 20152
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.15
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 ▼ 354.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	68.18
<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 153 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. APRIL A MINKUS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1132 GREENTREE ST.		<b>Transaction ID: A2007-1171379</b>
City DEERFIELD State IL Zip Code 60015	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.18
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 ▼ 209.92	

Full Name (Last, First, Middle Initial) <b>B. APRIL A MINKUS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1132 GREENTREE ST.		<b>Transaction ID: A2007-1170938</b>
City DEERFIELD State IL Zip Code 60015	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.18
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 ▼ 225.10	

Full Name (Last, First, Middle Initial) <b>C. NEIL J MINNICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 405 N. WABASH AVE. UNIT 4210		<b>Transaction ID: A2007-1171140</b>
City CHICAGO State IL Zip Code 60611	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 39.67
Name of Employer Allstate Insurance Company Occupation Underwriting Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 555.18	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.03
<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 154 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. NEIL J MINNICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 405 N. WABASH AVE. UNIT 4210		<b>Transaction ID: A2007-1170697</b>	
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 39.67		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Underwriting Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.85		

Full Name (Last, First, Middle Initial) <b>B. ALLISON MISQUEZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 4449 ORIOLE CT		<b>Transaction ID: A2007-1171108</b>	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 13.51		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 200.05		

Full Name (Last, First, Middle Initial) <b>C. ALLISON L MOE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 215 Brampton Lane		<b>Transaction ID: A2007-1170915</b>	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 14.50		
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 ▼ 213.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.68
<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 155 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER 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 Vice President Investor R

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 679.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171324

Amount of Each Receipt this Period  
49.41

**B.** Full Name (Last, First, Middle Initial)  
LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER 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 Vice President Investor R

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 728.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170881

Amount of Each Receipt this Period  
49.41

**C.** Full Name (Last, First, Middle Initial)  
MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code  
GRAYSLAKE IL 60030

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 ▼ 295.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171339

Amount of Each Receipt this Period  
21.45

<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 156 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MARCIE E MOLEK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 400 KEVIN LANE		<b>Transaction ID: A2007-1170896</b>	
City State Zip Code GRAYSLAKE IL 60030	Amount of Each Receipt this Period 21.45		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Human Resource Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.85		

Full Name (Last, First, Middle Initial) <b>B. SHARON L MOLLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 19702 88TH AVE W		<b>Transaction ID: A2007-1171543</b>	
City State Zip Code EDMONDS WA 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 ▼ 228.90		

Full Name (Last, First, Middle Initial) <b>C. SHARON L MOLLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 19702 88TH AVE W		<b>Transaction ID: A2007-1171104</b>	
City State Zip Code EDMONDS WA 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 ▼ 245.25		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	54.15
<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 157 / 280
	<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. EDWARD J MORAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 131 ADELAIDE UNIT 406		<b>Transaction ID: A2007-1171215</b>
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 48.63	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.95	

Full Name (Last, First, Middle Initial) <b>B. EDWARD J MORAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 131 ADELAIDE UNIT 406		<b>Transaction ID: A2007-1170772</b>
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 48.63	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP PCCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 719.58	

Full Name (Last, First, Middle Initial) <b>C. KAREN S MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 27707 LA VISTA DRIVE		<b>Transaction ID: A2007-1171422</b>
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 39.76	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548.29	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	137.02
<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 158 / 280
	(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. KAREN S MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 27707 LA VISTA DRIVE		<b>Transaction ID: A2007-1170981</b>	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 39.76		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.05		

Full Name (Last, First, Middle Initial) <b>B. J R MOSELEY III</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1808 N CASCADE DRIVE		<b>Transaction ID: A2007-1170795</b>	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 14.14		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Human Resource Senior Man		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.75		

Full Name (Last, First, Middle Initial) <b>C. LARRY E MOSER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 611 W. BURNING TREE LANE		<b>Transaction ID: A2007-1171331</b>	
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 28.35		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Sales Operations Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.50		

<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 159 / 280
	(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. LARRY E MOSER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 611 W. BURNING TREE LANE		<b>Transaction ID: A2007-1170888</b>	
City State Zip Code ARLINGTON HTS IL 60004	Amount of Each Receipt this Period 28.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation Sales Operations Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.85		

Full Name (Last, First, Middle Initial) <b>B. MEGHAN O MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2445 CHERRY LANE		<b>Transaction ID: A2007-1171222</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 ▼ 401.50		

Full Name (Last, First, Middle Initial) <b>C. MEGHAN O MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2445 CHERRY LANE		<b>Transaction ID: A2007-1170779</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 ▼ 430.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.55
<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 160 / 280
	(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 F MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2445 CHERRY LANE		<b>Transaction ID: A2007-1171317</b>	
City NORTHBROOK	State IL	Zip Code 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 ▼ 507.86		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL F MULVIHILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2445 CHERRY LANE		<b>Transaction ID: A2007-1170874</b>	
City NORTHBROOK	State IL	Zip Code 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 ▼ 544.70		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL A MURPHY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 233 WOOD CREEK ROAD #305		<b>Transaction ID: A2007-1171500</b>	
City WHEELING	State IL	Zip Code 60090	Amount of Each Receipt this Period 39.76
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 ▼ 556.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	113.44
<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: (check only one)	PAGE 161 / 280
	<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. MICHAEL A MURPHY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 233 WOOD CREEK ROAD #305		<b>Transaction ID: A2007-1171060</b>	
City State Zip Code WHEELING IL 60090		Amount of Each Receipt this Period 39.76	
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 ▼ 596.40	

Full Name (Last, First, Middle Initial) <b>B. LINDA MYERS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2333 CENTRAL ST #101		<b>Transaction ID: A2007-1171490</b>	
City State Zip Code EVANSTON IL 60201		Amount of Each Receipt this Period 15.69	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Senior Tax Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 217.36	

Full Name (Last, First, Middle Initial) <b>C. LINDA MYERS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2333 CENTRAL ST #101		<b>Transaction ID: A2007-1171050</b>	
City State Zip Code EVANSTON IL 60201		Amount of Each Receipt this Period 15.69	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Senior Tax Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.05	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	71.14
<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:	PAGE 162 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. DAVID G NADIG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2950 LAKE PLACID		<b>Transaction ID: A2007-1171440</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 48.54
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 ▼ 663.39		

Full Name (Last, First, Middle Initial) <b>B. DAVID G NADIG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2950 LAKE PLACID		<b>Transaction ID: A2007-1170999</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 48.54
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 ▼ 711.93		

Full Name (Last, First, Middle Initial) <b>C. BRIAN J NAGEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1211 AIMTREE		<b>Transaction ID: A2007-1171346</b>	
City SCHAUMBURG	State IL	Zip Code 60194	Amount of Each Receipt this Period 37.21
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 ▼ 514.64		

<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 163 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. BRIAN J NAGEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1211 AIMTREE		<b>Transaction ID: A2007-1170905</b>	
City SCHAUMBURG	State IL	Zip Code 60194	Amount of Each Receipt this Period 37.21
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 551.85		

Full Name (Last, First, Middle Initial) <b>B. JOAN M NAUGHTON-GERDES</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 650 MALIBOU		<b>Transaction ID: A2007-1171420</b>	
City PALATINE	State IL	Zip Code 60074	Amount of Each Receipt this Period 19.26
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.64		

Full Name (Last, First, Middle Initial) <b>C. JOAN M NAUGHTON-GERDES</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 650 MALIBOU		<b>Transaction ID: A2007-1170979</b>	
City PALATINE	State IL	Zip Code 60074	Amount of Each Receipt this Period 19.26
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.90		

<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 164 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DANIEL C NECASTRO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 22622 N. LINDEN DR		<b>Transaction ID: A2007-1171302</b>	
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 108.80		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1493.94		

Full Name (Last, First, Middle Initial) <b>B. DANIEL C NECASTRO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 22622 N. LINDEN DR		<b>Transaction ID: A2007-1170861</b>	
City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 108.80		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1602.74		

Full Name (Last, First, Middle Initial) <b>C. JEANNIE M NEWMAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 9969 LONGVIEW DRIVE		<b>Transaction ID: A2007-1171529</b>	
City State Zip Code LITTLETON CO 80124	Amount of Each Receipt this Period 17.91		
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 ▼ 250.74		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.51
<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 165 / 280
	(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. JEANNIE M NEWMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 9969 LONGVIEW DRIVE		<b>Transaction ID: A2007-1171090</b>	
City State Zip Code LITTLETON CO 80124		Amount of Each Receipt this Period 17.91	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 268.65	

Full Name (Last, First, Middle Initial) <b>B. PATRICK K NOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 22451 THORNBURY CT		<b>Transaction ID: A2007-1171501</b>	
City State Zip Code DEER PARK IL 60010		Amount of Each Receipt this Period 22.86	
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 ▼ 312.41	

Full Name (Last, First, Middle Initial) <b>C. PATRICK K NOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 22451 THORNBURY CT		<b>Transaction ID: A2007-1171061</b>	
City State Zip Code DEER PARK IL 60010		Amount of Each Receipt this Period 22.86	
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 ▼ 335.27	

<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 166 / 280
	(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)  
THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code  
WAUKEGAN IL 60085

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171434

Amount of Each Receipt this Period  
29.30

**B.** Full Name (Last, First, Middle Initial)  
THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City State Zip Code  
WAUKEGAN IL 60085

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170993

Amount of Each Receipt this Period  
29.30

**C.** Full Name (Last, First, Middle Initial)  
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171294

Amount of Each Receipt this Period  
18.52

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 77.12

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170852

Amount of Each Receipt this Period  
18.52

**B.** Full Name (Last, First, Middle Initial)  
JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code  
MOUNT PROSPECT IL 60056

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171412

Amount of Each Receipt this Period  
16.35

**C.** Full Name (Last, First, Middle Initial)  
JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code  
MOUNT PROSPECT IL 60056

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170971

Amount of Each Receipt this Period  
16.35

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	51.22
<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 168 / 280
	(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 P O'SHEA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2505 NEWPORT DRIVE		<b>Transaction ID: A2007-1171176</b>	
City <b>NAPERVILLE</b>	State IL	Zip Code 60565	Amount of Each Receipt this Period 25.76
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Agency Consulting Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.54		

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 07 / 20 / 2007	
Mailing Address 2505 NEWPORT DRIVE		<b>Transaction ID: A2007-1170733</b>	
City <b>NAPERVILLE</b>	State IL	Zip Code 60565	Amount of Each Receipt this Period 25.76
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Agency Consulting Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.30		

Full Name (Last, First, Middle Initial) <b>C. ROGER D ODLE II</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 5170 BARCROFT DRIVE		<b>Transaction ID: A2007-1171409</b>	
City <b>HOFFMAN ESTATES</b>	State IL	Zip Code 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 ▼ 452.92		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	84.80
<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 169 / 280
	(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. ROGER D ODLE II</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 5170 BARCROFT DRIVE		<b>Transaction ID: A2007-1170968</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. <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 ▼ 486.20		

Full Name (Last, First, Middle Initial) <b>B. KATHY A OLCESE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 35 YORK ST		<b>Transaction ID: A2007-1171284</b>	
City State Zip Code HUDSON OH 44236	Amount of Each Receipt this Period 23.66		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 327.25		

Full Name (Last, First, Middle Initial) <b>C. KATHY A OLCESE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 35 YORK ST		<b>Transaction ID: A2007-1170841</b>	
City State Zip Code HUDSON OH 44236	Amount of Each Receipt this Period 23.66		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 350.91		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.60
<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 170 / 280
	(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. CRAIG A OLDHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2606 N Paulina ST		<b>Transaction ID: A2007-1171474</b>
City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 34.02	
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 ▼ 468.18	

Full Name (Last, First, Middle Initial) <b>B. CRAIG A OLDHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 2606 N Paulina ST		<b>Transaction ID: A2007-1171034</b>
City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 34.02	
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 ▼ 502.20	

Full Name (Last, First, Middle Initial) <b>C. JAMES L OSBORNE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1224 ST. WILLIAM		<b>Transaction ID: A2007-1171491</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 64.62	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Vice President Procuremen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 897.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	132.66
<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:	PAGE 171 / 280
	(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. JAMES L OSBORNE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1224 ST. WILLIAM		<b>Transaction ID: A2007-1171051</b>
City <b>LIBERTYVILLE</b>	State <b>IL</b>	Zip Code <b>60048</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>64.62</b>
Name of Employer Allstate Insurance Company	Occupation Vice President Procuremen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>961.98</b>	

Full Name (Last, First, Middle Initial) <b>B. PAMELA J OVERTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 9352 ANSLEY LANE		<b>Transaction ID: A2007-1171260</b>
City <b>BRENTWOOD</b>	State <b>TN</b>	Zip Code <b>37027</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>35.79</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 ▼ <b>495.01</b>	

Full Name (Last, First, Middle Initial) <b>C. PAMELA J OVERTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 9352 ANSLEY LANE		<b>Transaction ID: A2007-1170817</b>
City <b>BRENTWOOD</b>	State <b>TN</b>	Zip Code <b>37027</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>35.79</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 ▼ <b>530.80</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.20</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 172 / 280
	<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. ALAN D PAGE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 13530 LUCKY LAKE DRIVE		<b>Transaction ID: A2007-1171557</b>
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 36.35
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.79	

Full Name (Last, First, Middle Initial) <b>B. ALAN D PAGE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 13530 LUCKY LAKE DRIVE		<b>Transaction ID: A2007-1171117</b>
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 36.35
Name of Employer Allstate Insurance Company	Occupation VP-Agency Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.14	

Full Name (Last, First, Middle Initial) <b>C. DEAN T PAPPAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 3406 VICEROY COURT		<b>Transaction ID: A2007-1171217</b>
City EDGEWATER	State MD	Zip Code 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 ▼ 576.57	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.47
<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 173 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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 07 / 20 / 2007
Mailing Address 3406 VICEROY COURT		<b>Transaction ID: A2007-1170774</b>
City EDGEWATER	State MD	Zip Code 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 ▼ 616.34	

Full Name (Last, First, Middle Initial) <b>B. ROBERT L PARK</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1107 BONITA DRIVE		<b>Transaction ID: A2007-1171410</b>
City PARK RIDGE	State IL	Zip Code 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 ▼ 724.43	

Full Name (Last, First, Middle Initial) <b>C. ROBERT L PARK</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1107 BONITA DRIVE		<b>Transaction ID: A2007-1170969</b>
City PARK RIDGE	State IL	Zip Code 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 ▼ 776.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	144.79
<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 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. ROGER D PARKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1305 N MAIDSTONE		<b>Transaction ID: A2007-1171552</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 ▼ 657.65		

Full Name (Last, First, Middle Initial) <b>B. ROGER D PARKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1305 N MAIDSTONE		<b>Transaction ID: A2007-1171112</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 ▼ 705.43		

Full Name (Last, First, Middle Initial) <b>C. MAYUR M PATEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 742 E PARKVIEW CT		<b>Transaction ID: A2007-1171348</b>	
City State Zip Code ROSELLE IL 60172	Amount of Each Receipt this Period 30.33		
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 ▼ 417.42		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.89
<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 175 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MAYUR M PATEL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 742 E PARKVIEW CT		<b>Transaction ID: A2007-1170907</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 ▼ 447.75		

Full Name (Last, First, Middle Initial) <b>B. CHARLES PAUL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 301 CAMELOT LANE		<b>Transaction ID: A2007-1171203</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 ▼ 998.33		

Full Name (Last, First, Middle Initial) <b>C. CHARLES PAUL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 301 CAMELOT LANE		<b>Transaction ID: A2007-1170760</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 ▼ 1069.87		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	173.41
<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: (check only one)	PAGE 176 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. RONALD J PEPPING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 934 LEWIS PLACE		<b>Transaction ID: A2007-1171386</b>
City GENEVA	State IL	Zip Code 60134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.57
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 ▼ 408.28	

Full Name (Last, First, Middle Initial) <b>B. RONALD J PEPPING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 934 LEWIS PLACE		<b>Transaction ID: A2007-1170945</b>
City GENEVA	State IL	Zip Code 60134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.57
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 ▼ 437.85	

Full Name (Last, First, Middle Initial) <b>C. FLORIE S PERELLIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1480 MINTHAVEN RD		<b>Transaction ID: A2007-1171165</b>
City LAKE FOREST	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 47.43
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 ▼ 651.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	106.57
<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 177 / 280
	<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. FLORIE S PERELLIS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 1480 MINTHAVEN RD		<b>Transaction ID: A2007-1170722</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 47.43	
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 ▼ 699.27	

Full Name (Last, First, Middle Initial) <b>B. NANCY A PERRY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 3575 CALDERWOOD DR		<b>Transaction ID: A2007-1171408</b>
City State Zip Code ROCKFORD IL 61114	Amount of Each Receipt this Period 17.44	
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 ▼ 240.21	

Full Name (Last, First, Middle Initial) <b>C. NANCY A PERRY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 3575 CALDERWOOD DR		<b>Transaction ID: A2007-1170967</b>
City State Zip Code ROCKFORD IL 61114	Amount of Each Receipt this Period 17.44	
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 ▼ 257.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	82.31
<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: (check only one)	PAGE 178 / 280
	<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. JUDITH M PETRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 539 KELMORE ST		<b>Transaction ID: A2007-1171137</b>
City MOSS BEACH	State CA	Zip Code 94038
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 Managing Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.90	

Full Name (Last, First, Middle Initial) <b>B. JUDITH M PETRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 539 KELMORE ST		<b>Transaction ID: A2007-1170694</b>
City MOSS BEACH	State CA	Zip Code 94038
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 Managing Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.25	

Full Name (Last, First, Middle Initial) <b>C. STEVEN A PETTI</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 580 SALCEDA DR		<b>Transaction ID: A2007-1171164</b>
City MUNDELEIN	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 48.84
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 ▼ 672.21	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	81.54
<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:	PAGE 179 / 280
	(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 A PETTI</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 580 SALCEDA DR		<b>Transaction ID: A2007-1170721</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 ▼ 721.05		

Full Name (Last, First, Middle Initial) <b>B. JOHN C PINTOZZI</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2116 W CHURCHILL ST		<b>Transaction ID: A2007-1171301</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 ▼ 897.54		

Full Name (Last, First, Middle Initial) <b>C. JOHN C PINTOZZI</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2116 W CHURCHILL ST		<b>Transaction ID: A2007-1170860</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 ▼ 963.06		

<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: (check only one)	PAGE 180 / 280
	<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)  
DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code  
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 521.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171157

Amount of Each Receipt this Period  
37.56

**B.** Full Name (Last, First, Middle Initial)  
DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City State Zip Code  
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Regional Distribution Lea

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 558.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170715

Amount of Each Receipt this Period  
37.56

**C.** Full Name (Last, First, Middle Initial)  
MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP Finance and Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 381.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171313

Amount of Each Receipt this Period  
27.71

<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: (check only one)	PAGE 181 / 280
	<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. MARTIN PRZYGODA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 17516 KATIE COURT		<b>Transaction ID: A2007-1170871</b>
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 27.71	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Finance and Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.14	

Full Name (Last, First, Middle Initial) <b>B. THOMAS G PURTELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 22663 CHESHIRE COURT		<b>Transaction ID: A2007-1171437</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. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.30	

Full Name (Last, First, Middle Initial) <b>C. THOMAS G PURTELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 22663 CHESHIRE COURT		<b>Transaction ID: A2007-1170996</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. C		
Name of Employer Allstate Insurance Company	Occupation Senior Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.90	

<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 182 / 280
	<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. JORGE A QUEZADA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1407 W. GROVE ST		<b>Transaction ID: A2007-1171564</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 ▼ 408.84	

Full Name (Last, First, Middle Initial) <b>B. JORGE A QUEZADA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1407 W. GROVE ST		<b>Transaction ID: A2007-1171124</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 ▼ 438.30	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH P RATH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 359 STAFFORD COURT		<b>Transaction ID: A2007-1171273</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 ▼ 773.43	

<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 183 / 280
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 359 STAFFORD COURT

City State Zip Code  
LAKE FOREST IL 60045

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 829.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170830

Amount of Each Receipt this Period  
56.17

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

Mailing Address 441 KELLY LANE

City State Zip Code  
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 567.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171142

Amount of Each Receipt this Period  
40.75

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

Mailing Address 441 KELLY LANE

City State Zip Code  
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 607.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170699

Amount of Each Receipt this Period  
40.75

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	137.67
<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 / 280
	<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. JOSEPH J RICHARDSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1411 PARSONS LANE		<b>Transaction ID: A2007-1171206</b>
City LOWER GWYNEDD	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C		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 ▼ 931.57	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH J RICHARDSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1411 PARSONS LANE		<b>Transaction ID: A2007-1170763</b>
City LOWER GWYNEDD	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C		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 ▼ 1000.80	

Full Name (Last, First, Middle Initial) <b>C. ROBIN R RICHMOND</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 9 HAWTHORN GROVE CIRCLE		<b>Transaction ID: A2007-1171430</b>
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		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 ▼ 351.54	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	164.00
<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:	PAGE 185 / 280
	(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. ROBIN R RICHMOND</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 9 HAWTHORN GROVE CIRCLE		<b>Transaction ID: A2007-1170989</b>	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 25.54		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 377.08		

Full Name (Last, First, Middle Initial) <b>B. ANDREW T RIEDER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 7 ONEIDA LANE		<b>Transaction ID: A2007-1171211</b>	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 47.17		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Homeowner Initiative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 647.64		

Full Name (Last, First, Middle Initial) <b>C. ANDREW T RIEDER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 7 ONEIDA LANE		<b>Transaction ID: A2007-1170768</b>	
City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 47.17		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Homeowner Initiative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 694.81		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	119.88
<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: (check only one)	PAGE 186 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DANIEL J RIVERA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 1632 OLD BARN CIRCLE		<b>Transaction ID: A2007-1171496</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 77.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.62	

Full Name (Last, First, Middle Initial) <b>B. DANIEL J RIVERA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 1632 OLD BARN CIRCLE		<b>Transaction ID: A2007-1171056</b>
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 77.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.16	

Full Name (Last, First, Middle Initial) <b>C. JESSICA D RIVERA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 2055 LOCKRIDGE PLACE		<b>Transaction ID: A2007-1171562</b>
City State Zip Code EL DORADO HILLS CA 95762	Amount of Each Receipt this Period 6.75	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP Corporate Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	161.83
<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 187 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JESSICA D RIVERA</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 2055 LOCKRIDGE PLACE		<b>Transaction ID: A2007-1171122</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 6.75
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 ▼ 532.87	

Full Name (Last, First, Middle Initial) <b>B. MARIO RIZZO</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 5926 W. 90TH PLACE		<b>Transaction ID: A2007-1171362</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 ▼ 550.97	

Full Name (Last, First, Middle Initial) <b>C. MARIO RIZZO</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 5926 W. 90TH PLACE		<b>Transaction ID: A2007-1170921</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 ▼ 591.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>87.57</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 188 / 280
	(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. CLAY F ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 3075 Sanders Road Suite G2E		<b>Transaction ID: A2007-1171553</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 ▼ 480.87		

Full Name (Last, First, Middle Initial) <b>B. CLAY F ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 3075 Sanders Road Suite G2E		<b>Transaction ID: A2007-1171113</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 ▼ 515.40		

Full Name (Last, First, Middle Initial) <b>C. DANIEL P ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 4374 W Anderson Rd		<b>Transaction ID: A2007-1171200</b>	
City State Zip Code South Euclid OH 44121	Amount of Each Receipt this Period 21.07		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 290.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.13
<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:	PAGE 189 / 280
	(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 P ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 4374 W Anderson Rd		<b>Transaction ID: A2007-1170757</b>	
City State Zip Code South Euclid OH 44121		Amount of Each Receipt this Period 21.07	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation Marketing Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 311.95	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J ROCHE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 270 KINGSWAY DRIVE		<b>Transaction ID: A2007-1171377</b>	
City State Zip Code AURORA IL 60506		Amount of Each Receipt this Period 93.92	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation SVP-PROTECTION TECH & ADM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.68	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J ROCHE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 270 KINGSWAY DRIVE		<b>Transaction ID: A2007-1170936</b>	
City State Zip Code AURORA IL 60506		Amount of Each Receipt this Period 93.92	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation SVP-PROTECTION TECH & ADM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 469.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	208.91
<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 190 / 280
	<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. GREGORY C ROHLFING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 106 ASHLAND		<b>Transaction ID: A2007-1171297</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 ▼ 556.78	

Full Name (Last, First, Middle Initial) <b>B. GREGORY C ROHLFING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 106 ASHLAND		<b>Transaction ID: A2007-1170855</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 ▼ 596.55	

Full Name (Last, First, Middle Initial) <b>C. DONNA J ROSEMEYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 810 S THURLOW STREET		<b>Transaction ID: A2007-1171371</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 ▼ 394.39	

<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:	PAGE 191 / 280
	(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. DONNA J ROSEMEYER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 810 S THURLOW STREET		<b>Transaction ID: A2007-1170930</b>	
City State Zip Code HINSDALE IL 60521	Amount of Each Receipt this Period 28.54		
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 ▼ 422.93		

Full Name (Last, First, Middle Initial) <b>B. JACQUELINE A ROTHE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 4763 WELLINGTON DRIVE		<b>Transaction ID: A2007-1171559</b>	
City State Zip Code LONG GROVE IL 60047	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 Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.50		

Full Name (Last, First, Middle Initial) <b>C. JACQUELINE A ROTHE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4763 WELLINGTON DRIVE		<b>Transaction ID: A2007-1171119</b>	
City State Zip Code LONG GROVE IL 60047	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 Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.85		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	61.24
<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 192 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DONALD L RUDD</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 25 CRESTVIEW TERRACE		<b>Transaction ID: A2007-1171068</b>
City State Zip Code BUFFALO GROVE IL 60089	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 13.51
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 ▼ 201.95	

Full Name (Last, First, Middle Initial) <b>B. GEORGE E RUEBENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 29 FOX TR		<b>Transaction ID: A2007-1171426</b>
City State Zip Code LINCOLNSHIRE IL 60069	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 126.92
Name of Employer Allstate Insurance Company	Occupation SVP-P-CCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1759.00	

Full Name (Last, First, Middle Initial) <b>C. GEORGE E RUEBENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 29 FOX TR		<b>Transaction ID: A2007-1170985</b>
City State Zip Code LINCOLNSHIRE IL 60069	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 126.92
Name of Employer Allstate Insurance Company	Occupation SVP-P-CCSO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1885.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	267.35
<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 193 / 280
	(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. DOREEN M RYAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 17 ALSTON COURT		<b>Transaction ID: A2007-1171195</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 ▼ 305.20	

Full Name (Last, First, Middle Initial) <b>B. DOREEN M RYAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 17 ALSTON COURT		<b>Transaction ID: A2007-1170752</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 ▼ 327.00	

Full Name (Last, First, Middle Initial) <b>C. PAUL R RYSKE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 898 E. LONGWOOD DR.		<b>Transaction ID: A2007-1171295</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 ▼ 309.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	63.48
<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 194 / 280
	(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. PAUL R RYSKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 898 E. LONGWOOD DR.		<b>Transaction ID: A2007-1170853</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. 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 ▼ 329.24	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A SCARDINA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 51 SOUTH ROYAL OAK		<b>Transaction ID: A2007-1171275</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. C			
Name of Employer Allstate Insurance Company		Occupation AVP Asset Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.34	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL A SCARDINA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 51 SOUTH ROYAL OAK		<b>Transaction ID: A2007-1170832</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. C			
Name of Employer Allstate Insurance Company		Occupation AVP Asset Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 392.62	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.44
<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: (check only one)	PAGE 195 / 280
	<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. PATRICK J SCHNEIDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 210 NORTH TRAIL		<b>Transaction ID: A2007-1171413</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 ▼ 397.23	

Full Name (Last, First, Middle Initial) <b>B. PATRICK J SCHNEIDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 210 NORTH TRAIL		<b>Transaction ID: A2007-1170972</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 ▼ 426.00	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN E SCHOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 7 COPPERFIELD DRIVE		<b>Transaction ID: A2007-1171197</b>	
City State Zip Code HAWTHORN WOODS IL 60047		Amount of Each Receipt this Period 50.37	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation AVP HR Shared Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 688.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	107.91
<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:	PAGE 196 / 280
	(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. STEPHEN E SCHOLL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 7 COPPERFIELD DRIVE		<b>Transaction ID: A2007-1170754</b>	
City HAWTHORN WOODS	State IL	Zip Code 60047	Amount of Each Receipt this Period 50.37
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP HR Shared Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.75		

Full Name (Last, First, Middle Initial) <b>B. DALE J SCHUELLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2941 GLENARYE DRIVE		<b>Transaction ID: A2007-1171506</b>	
City LINDENHURST	State IL	Zip Code 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 ▼ 220.25		

Full Name (Last, First, Middle Initial) <b>C. DALE J SCHUELLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 2941 GLENARYE DRIVE		<b>Transaction ID: A2007-1171066</b>	
City LINDENHURST	State IL	Zip Code 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 ▼ 236.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	82.47
<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 197 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DAVID I SCHUR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1216 SANDHURST DRIVE		<b>Transaction ID: A2007-1171343</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. <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 ▼ 317.57		

Full Name (Last, First, Middle Initial) <b>B. DAVID I SCHUR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1216 SANDHURST DRIVE		<b>Transaction ID: A2007-1170902</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. <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 ▼ 340.55		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL D SCHUSTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 526 LANGE COURT		<b>Transaction ID: A2007-1171540</b>	
City State Zip Code LIBERTYVILLE IL 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 ▼ 250.39		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	64.01
<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: (check only one)	PAGE 198 / 280
	<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 D SCHUSTER

Mailing Address 526 LANGE COURT

City LIBERTYVILLE State IL Zip Code 60048

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 ▼ 268.44

Date of Receipt  
07 / 20 / 2007

Transaction ID: A2007-1171101

Amount of Each Receipt this Period  
18.05

**B.** Full Name (Last, First, Middle Initial)  
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City SAMMAMISH State WA Zip Code 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 ▼ 609.80

Date of Receipt  
07 / 06 / 2007

Transaction ID: A2007-1171464

Amount of Each Receipt this Period  
46.15

**C.** Full Name (Last, First, Middle Initial)  
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City SAMMAMISH State WA Zip Code 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 ▼ 655.95

Date of Receipt  
07 / 20 / 2007

Transaction ID: A2007-1171024

Amount of Each Receipt this Period  
46.15

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.35

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

**SCHEDULE A (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 / 280		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. ALBERT SCHWARZHAUPT</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 29 Doral Drive		<b>Transaction ID: A2007-1171173</b>
City State Zip Code Hawthorn Woods IL 60047	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 Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.90	

Full Name (Last, First, Middle Initial) <b>B. ALBERT SCHWARZHAUPT</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 29 Doral Drive		<b>Transaction ID: A2007-1170730</b>
City State Zip Code Hawthorn Woods IL 60047	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 Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.25	

Full Name (Last, First, Middle Initial) <b>C. ROBERT M SCULLY</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 302 NORTH VILLAGE ST		<b>Transaction ID: A2007-1171158</b>
City State Zip Code CELEBRATION FL 34747	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 Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>52.58</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 200 / 280
	(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. DANNY R SELLERS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 5903 87TH ST		<b>Transaction ID: A2007-1171494</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 ▼ 330.54		

Full Name (Last, First, Middle Initial) <b>B. DANNY R SELLERS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 5903 87TH ST		<b>Transaction ID: A2007-1171054</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 ▼ 354.40		

Full Name (Last, First, Middle Initial) <b>C. STACY Y SHARPE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2 E. Erie #1506		<b>Transaction ID: A2007-1171402</b>	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 30.63		
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 ▼ 421.92		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.35
<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 201 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. STACY Y SHARPE</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 2 E. Erie #1506		<b>Transaction ID: A2007-1170961</b>
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.63
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 ▼ 452.55	

Full Name (Last, First, Middle Initial) <b>B. STEVEN E SHEBIK</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 517 ROBINWOOD LANE		<b>Transaction ID: A2007-1171370</b>
City WHEATON	State IL	Zip Code 60187
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 78.74
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 ▼ 1084.23	

Full Name (Last, First, Middle Initial) <b>C. STEVEN E SHEBIK</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 517 ROBINWOOD LANE		<b>Transaction ID: A2007-1170929</b>
City WHEATON	State IL	Zip Code 60187
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 78.74
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 ▼ 1162.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	188.11
<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 202 / 280
	(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 R SHEFFEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 839 SUMAC		<b>Transaction ID: A2007-1171290</b>	
City HIGHLAND PARK	State IL	Zip Code 60035	Amount of Each Receipt this Period 19.88
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.02		

Full Name (Last, First, Middle Initial) <b>B. STEVEN R SHEFFEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 839 SUMAC		<b>Transaction ID: A2007-1170848</b>	
City HIGHLAND PARK	State IL	Zip Code 60035	Amount of Each Receipt this Period 19.88
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.90		

Full Name (Last, First, Middle Initial) <b>C. DENIS C SHUNTA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 5200 RIDGEGATE WAY		<b>Transaction ID: A2007-1171448</b>	
City FAIR OAKS	State CA	Zip Code 95628	Amount of Each Receipt this Period 21.80
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

<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 203 / 280
	(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. DENIS C SHUNTA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 5200 RIDGEGATE WAY		<b>Transaction ID: A2007-1171008</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 ▼ 326.80	

Full Name (Last, First, Middle Initial) <b>B. ROBERT L SIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 418 DEUCE DRIVE		<b>Transaction ID: A2007-1171187</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 ▼ 394.48	

Full Name (Last, First, Middle Initial) <b>C. ROBERT L SIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 418 DEUCE DRIVE		<b>Transaction ID: A2007-1170744</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 ▼ 423.05	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.94
<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 204 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. KIMBALL S SIMON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 11 WEHRHEIM		<b>Transaction ID: A2007-1171521</b>	
City <b>BARRINGTON</b>	State IL	Zip Code 60010	Amount of Each Receipt this Period 36.24
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 ▼ 501.06		

Full Name (Last, First, Middle Initial) <b>B. KIMBALL S SIMON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 11 WEHRHEIM		<b>Transaction ID: A2007-1171082</b>	
City <b>BARRINGTON</b>	State IL	Zip Code 60010	Amount of Each Receipt this Period 36.24
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 ▼ 537.30		

Full Name (Last, First, Middle Initial) <b>C. ANNE E SIMPSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 632 ONWENTSIA AVENUE		<b>Transaction ID: A2007-1171300</b>	
City <b>HIGHLAND PARK</b>	State IL	Zip Code 60035	Amount of Each Receipt this Period 26.51
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Tax Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.14		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	98.99
<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:	PAGE 205 / 280
	(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. ANNE E SIMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 632 ONWENTSIA AVENUE		<b>Transaction ID: A2007-1170858</b>
City State Zip Code HIGHLAND PARK IL 60035	Amount of Each Receipt this Period 26.51	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 397.65	

Full Name (Last, First, Middle Initial) <b>B. JOHN G SINNICKI</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 2117 CARROLL CREEK VIEW CT		<b>Transaction ID: A2007-1171255</b>
City State Zip Code FREDERICK MD 21702	Amount of Each Receipt this Period 19.95	
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 ▼ 276.40	

Full Name (Last, First, Middle Initial) <b>C. JOHN G SINNICKI</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2117 CARROLL CREEK VIEW CT		<b>Transaction ID: A2007-1170812</b>
City State Zip Code FREDERICK MD 21702	Amount of Each Receipt this Period 19.95	
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 ▼ 296.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.41
<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 206 / 280
	(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. KEVIN R SLAWIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1316 CRESTWOOD DRIVE		<b>Transaction ID: A2007-1171411</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 40.20
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation VP AF Admin Serv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 554.61		

Full Name (Last, First, Middle Initial) <b>B. KEVIN R SLAWIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1316 CRESTWOOD DRIVE		<b>Transaction ID: A2007-1170970</b>	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 40.20
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation VP AF Admin Serv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.81		

Full Name (Last, First, Middle Initial) <b>C. KIMBERLY J SLOANE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 378 N. VISTA AVE		<b>Transaction ID: A2007-1171391</b>	
City LOMBARD	State IL	Zip Code 60148	Amount of Each Receipt this Period 38.35
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 526.45		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	118.75
<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:	PAGE 207 / 280
	(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. KIMBERLY J SLOANE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 378 N. VISTA AVE		<b>Transaction ID: A2007-1170950</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 ▼ 564.80		

Full Name (Last, First, Middle Initial) <b>B. ANN M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 20380 STILLHOUSE BRANCH PLACE		<b>Transaction ID: A2007-1170703</b>	
City State Zip Code POTOMAC FALLS VA 20165	Amount of Each Receipt this Period 13.90		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Distribution Support Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.55		

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1008 CHESAPEAK BLVD		<b>Transaction ID: A2007-1171241</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 ▼ 228.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	68.60
<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 208 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. BENJAMIN M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1008 CHESAPEAK BLVD		<b>Transaction ID: A2007-1170798</b>	
City State Zip Code GRAYSLAKE IL 60030	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 Territorial Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.95		

Full Name (Last, First, Middle Initial) <b>B. CHARLES M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 414 E. Burr Oak Dr.		<b>Transaction ID: A2007-1171469</b>	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 30.84		
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 ▼ 425.11		

Full Name (Last, First, Middle Initial) <b>C. CHARLES M SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 414 E. Burr Oak Dr.		<b>Transaction ID: A2007-1171029</b>	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 30.84		
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 ▼ 455.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	78.03
<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 209 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. ELIAS SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2751 SW BEAR PAW TRAIL		<b>Transaction ID: A2007-1171193</b>
City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 22.25	
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 ▼ 310.40	

Full Name (Last, First, Middle Initial) <b>B. ELIAS SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 2751 SW BEAR PAW TRAIL		<b>Transaction ID: A2007-1170750</b>
City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 22.25	
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 ▼ 332.65	

Full Name (Last, First, Middle Initial) <b>C. J E SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 310 WHITMORE LANE		<b>Transaction ID: A2007-1171373</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 58.76	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP Distribution and Chann	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.67	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.26
<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 210 / 280
	(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. J E SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 310 WHITMORE LANE		<b>Transaction ID: A2007-1170932</b>	
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 58.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation VP Distribution and Chann		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 869.43		

Full Name (Last, First, Middle Initial) <b>B. KENNETH D SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 619 N HUMPHREY AVE.		<b>Transaction ID: A2007-1171406</b>	
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 15.19		
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 ▼ 209.71		

Full Name (Last, First, Middle Initial) <b>C. KENNETH D SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 619 N HUMPHREY AVE.		<b>Transaction ID: A2007-1170965</b>	
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 15.19		
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 ▼ 224.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	89.14
<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 211 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. RANDALL D SNITTJER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 11423 E. Blue Sky Drive		<b>Transaction ID: A2007-1171511</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 ▼ 369.64	

Full Name (Last, First, Middle Initial) <b>B. RANDALL D SNITTJER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 11423 E. Blue Sky Drive		<b>Transaction ID: A2007-1171071</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 ▼ 396.50	

Full Name (Last, First, Middle Initial) <b>C. ROBERT S SODERLUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 53 BRIDLEPATH DRIVE		<b>Transaction ID: A2007-1170696</b>	
City State Zip Code LINDENHURST IL 60046		Amount of Each Receipt this Period 13.84	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 204.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.56
<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 212 / 280
	(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 P SORENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 20712 High Ridge Dr		<b>Transaction ID: A2007-1171456</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 ▼ 1030.94	

Full Name (Last, First, Middle Initial) <b>B. STEVEN P SORENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 20712 High Ridge Dr		<b>Transaction ID: A2007-1171016</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 ▼ 1106.10	

Full Name (Last, First, Middle Initial) <b>C. KEVIN A SPATARO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1663 SARATOGA LANE		<b>Transaction ID: A2007-1171432</b>
City State Zip Code GLENVIEW IL 60026	Amount of Each Receipt this Period 26.70	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 364.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	177.02
<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 213 / 280
	(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)  
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code  
GLENVIEW IL 60026

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

Name of Employer Allstate Insurance Company Occupation AVP Account Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170991

Amount of Each Receipt this Period  
26.70

**B.** Full Name (Last, First, Middle Initial)  
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code  
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.67

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171214

Amount of Each Receipt this Period  
34.53

**C.** Full Name (Last, First, Middle Initial)  
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code  
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170771

Amount of Each Receipt this Period  
34.53

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.76

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JAMES G SPORLEDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 20 LAKESIDE LANE		<b>Transaction ID: A2007-1171425</b>
City State Zip Code N. BARRINGTON IL 60010	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 26.78
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 ▼ 368.76	

Full Name (Last, First, Middle Initial) <b>B. JAMES G SPORLEDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 20 LAKESIDE LANE		<b>Transaction ID: A2007-1170984</b>
City State Zip Code N. BARRINGTON IL 60010	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 26.78
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 ▼ 395.54	

Full Name (Last, First, Middle Initial) <b>C. MARY SPRINGBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 4745 KINGS WAY - NORTH		<b>Transaction ID: A2007-1171278</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 41.02
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 ▼ 553.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	94.58
<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 215 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MARY SPRINGBERG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4745 KINGS WAY - NORTH		<b>Transaction ID: A2007-1170835</b>	
City State Zip Code GURNEE IL 60031	Amount of Each Receipt this Period 41.02		
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 ▼ 594.09		

Full Name (Last, First, Middle Initial) <b>B. STACEY A SPRUNG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 106 E. WHISTLERS BEND CIR.		<b>Transaction ID: A2007-1171144</b>	
City State Zip Code THE WOODLANDS TX 77384	Amount of Each Receipt this Period 20.18		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Lead Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.91		

Full Name (Last, First, Middle Initial) <b>C. STACEY A SPRUNG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 106 E. WHISTLERS BEND CIR.		<b>Transaction ID: A2007-1170701</b>	
City State Zip Code THE WOODLANDS TX 77384	Amount of Each Receipt this Period 20.18		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Lead Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.09		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.38
<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 216 / 280
	(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. EMORY D STEPHENS JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 4711 N WOLCOTT AVE		<b>Transaction ID: A2007-1171240</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 ▼ 532.77		

Full Name (Last, First, Middle Initial) <b>B. EMORY D STEPHENS JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 4711 N WOLCOTT AVE		<b>Transaction ID: A2007-1170797</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 ▼ 571.50		

Full Name (Last, First, Middle Initial) <b>C. LOUIE A STEPHENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1775 FOREST CREEK DR.		<b>Transaction ID: A2007-1171053</b>	
City State Zip Code JACKSONVILLE FL 32225	Amount of Each Receipt this Period 13.78		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 204.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	91.24
<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 217 / 280
	<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)  
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 513.16

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2007

Transaction ID: A2007-1171251

Amount of Each Receipt this Period  
37.14

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

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.30

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

Transaction ID: A2007-1170808

Amount of Each Receipt this Period  
37.14

**C.** Full Name (Last, First, Middle Initial)  
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.92

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2007

Transaction ID: A2007-1171247

Amount of Each Receipt this Period  
19.75

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	94.03
<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 218 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MYRON E STOUFFER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1528 JESSICA LANE		<b>Transaction ID: A2007-1170804</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 19.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP State Team		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.67		

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE A SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 257 BIG TERRA LANE		<b>Transaction ID: A2007-1171133</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 ▼ 341.67		

Full Name (Last, First, Middle Initial) <b>C. CHRISTINE A SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 257 BIG TERRA LANE		<b>Transaction ID: A2007-1170690</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 ▼ 366.61		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	69.63
<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: (check only one)	PAGE 219 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. KEVIN T SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 221 CARRIAGE HILL CIR		<b>Transaction ID: A2007-1171524</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 ▼ 1299.34		

Full Name (Last, First, Middle Initial) <b>B. KEVIN T SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 221 CARRIAGE HILL CIR		<b>Transaction ID: A2007-1171085</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 ▼ 1393.88		

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN A SWAIN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 242 HIGHVIEW		<b>Transaction ID: A2007-1171304</b>	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 53.86		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP Enterprise Applicatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.12		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.94
<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:	PAGE 220 / 280
	(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. KATHLEEN A SWAIN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 242 HIGHVIEW		<b>Transaction ID: A2007-1170863</b>	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 53.86		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Enterprise Applicatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 804.98		

Full Name (Last, First, Middle Initial) <b>B. KIMBERLY A SYME</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1609 SURRIDGE CT		<b>Transaction ID: A2007-1171322</b>	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 15.20		
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 ▼ 209.50		

Full Name (Last, First, Middle Initial) <b>C. KIMBERLY A SYME</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1609 SURRIDGE CT		<b>Transaction ID: A2007-1170879</b>	
City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 15.20		
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 ▼ 224.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	84.26
<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 221 / 280		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JERROLD S SZOSTAK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1064 W GLENN TRAIL		<b>Transaction ID: A2007-1171347</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 ▼ 520.14	

Full Name (Last, First, Middle Initial) <b>B. JERROLD S SZOSTAK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1064 W GLENN TRAIL		<b>Transaction ID: A2007-1170906</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 ▼ 557.65	

Full Name (Last, First, Middle Initial) <b>C. CARL J TACKETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 307 WENDRON COURT		<b>Transaction ID: A2007-1171315</b>
City State Zip Code FRANKLIN TN 37069	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.85
Name of Employer Allstate Insurance Company	Occupation Regional Financial Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.87
<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: (check only one)	PAGE 222 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. CARL J TACKETT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 307 WENDRON COURT		<b>Transaction ID: A2007-1170872</b>
City State Zip Code FRANKLIN TN 37069	Amount of Each Receipt this Period 14.85	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation Regional Financial Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.70	

Full Name (Last, First, Middle Initial) <b>B. BENJAMIN A TARVER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 2495 EMERALD LANE		<b>Transaction ID: A2007-1171185</b>
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.90	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 299.25	

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN A TARVER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2495 EMERALD LANE		<b>Transaction ID: A2007-1170742</b>
City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 21.90	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 321.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	58.65
<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:	PAGE 223 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. JANICE M TAYLOR</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 7335 ATHLONE		<b>Transaction ID: A2007-1171497</b>
City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77088</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.37
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.03	

Full Name (Last, First, Middle Initial) <b>B. JANICE M TAYLOR</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 7335 ATHLONE		<b>Transaction ID: A2007-1171057</b>
City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77088</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 22.37
Name of Employer Allstate Insurance Company	Occupation Frontline Performance Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.40	

Full Name (Last, First, Middle Initial) <b>C. LINDSAY F TAYLOR</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 217 E. SHERIDAN PLACE		<b>Transaction ID: A2007-1171558</b>
City <b>LAKE BLUFF</b>	State <b>IL</b>	Zip Code <b>60044</b>
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 CC IT Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>61.09</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: (check only one)	PAGE 224 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. LINDSAY F TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 217 E. SHERIDAN PLACE		<b>Transaction ID: A2007-1171118</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 ▼ 245.25		

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY J TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 5314 RENEE AVE.		<b>Transaction ID: A2007-1171236</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 ▼ 251.56		

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY J TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 5314 RENEE AVE.		<b>Transaction ID: A2007-1170793</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 ▼ 269.75		

<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 225 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. PHILLIP J TELGENHOFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1631 DAUNTING DRIVE		<b>Transaction ID: A2007-1171545</b>	
City State Zip Code EL DORADO HILLS CA 95762		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 Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.17	

Full Name (Last, First, Middle Initial) <b>B. PHILLIP J TELGENHOFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1631 DAUNTING DRIVE		<b>Transaction ID: A2007-1171106</b>	
City State Zip Code EL DORADO HILLS CA 95762		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 Regional Distribution Lea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.15	

Full Name (Last, First, Middle Initial) <b>C. SEAN D THAKUR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 4657 LAKE POINT CIRCLE		<b>Transaction ID: A2007-1171047</b>	
City State Zip Code LONG GROVE IL 60047		Amount of Each Receipt this Period 14.34	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company		Occupation Service Center Senior Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.05	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	46.30
<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:	PAGE 226 / 280
	(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. MARK L THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 3233 N RACINE #2		<b>Transaction ID: A2007-1171507</b>	
City CHICAGO	State IL	Zip Code 60657	Amount of Each Receipt this Period 25.14
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT NON-STANDARD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.63		

Full Name (Last, First, Middle Initial) <b>B. MARK L THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 3233 N RACINE #2		<b>Transaction ID: A2007-1171067</b>	
City CHICAGO	State IL	Zip Code 60657	Amount of Each Receipt this Period 25.14
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation AVP-PRODUCT NON-STANDARD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.77		

Full Name (Last, First, Middle Initial) <b>C. W. J THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1734 SHOAL CREEK TERRACE		<b>Transaction ID: A2007-1171237</b>	
City VERNON HILLS	State IL	Zip Code 60061	Amount of Each Receipt this Period 34.73
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 ▼ 470.77		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.01
<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: (check only one)	PAGE 227 / 280
	<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. W. J THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1734 SHOAL CREEK TERRACE		<b>Transaction ID: A2007-1170794</b>
City VERNON HILLS	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 34.73
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 ▼ 505.50	

Full Name (Last, First, Middle Initial) <b>B. ROBERT J TIERNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 6628 RFD-CARRIAGE WAY		<b>Transaction ID: A2007-1171319</b>
City LONG GROVE	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 Procurement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.32	

Full Name (Last, First, Middle Initial) <b>C. ROBERT J TIERNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 6628 RFD-CARRIAGE WAY		<b>Transaction ID: A2007-1170876</b>
City LONG GROVE	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 Procurement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	74.49
<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 228 / 280
	<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. LOREE E TOEDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 21949 HICKORY HILL DR.		<b>Transaction ID: A2007-1171526</b>
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 38.63	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP ENCOMPASS FIELD DISTR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 529.62	

Full Name (Last, First, Middle Initial) <b>B. LOREE E TOEDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 21949 HICKORY HILL DR.		<b>Transaction ID: A2007-1171087</b>
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 38.63	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation AVP ENCOMPASS FIELD DISTR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.25	

Full Name (Last, First, Middle Initial) <b>C. ROBERT E TRANSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 2644 N DOUGLAS		<b>Transaction ID: A2007-1171359</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 ▼ 376.81	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	104.77
<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 229 / 280
	(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. ROBERT E TRANSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2644 N DOUGLAS		<b>Transaction ID: A2007-1170918</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 ▼ 404.32	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH V TRIPODI</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 565 E DEERPATH RD		<b>Transaction ID: A2007-1171554</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 104.49	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation SVP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1426.04	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH V TRIPODI</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 565 E DEERPATH RD		<b>Transaction ID: A2007-1171114</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 104.49	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation SVP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1530.53	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	236.49
<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 230 / 280
	(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. MELINDA S TUNNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 5430 TALL OAKS DRIVE		<b>Transaction ID: A2007-1171482</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 ▼ 609.77	

Full Name (Last, First, Middle Initial) <b>B. MELINDA S TUNNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 5430 TALL OAKS DRIVE		<b>Transaction ID: A2007-1171042</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 ▼ 654.18	

Full Name (Last, First, Middle Initial) <b>C. RICHARD D TURANO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 4960 S CHESTER ST		<b>Transaction ID: A2007-1171163</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 ▼ 246.79	

<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 231 / 280
	(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. RICHARD D TURANO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 4960 S CHESTER ST		<b>Transaction ID: A2007-1170720</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 ▼ 264.65		

Full Name (Last, First, Middle Initial) <b>B. DAVID J UNROE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 326 ELM CT.		<b>Transaction ID: A2007-1171548</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 ▼ 278.32		

Full Name (Last, First, Middle Initial) <b>C. DAVID J UNROE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 326 ELM CT.		<b>Transaction ID: A2007-1171109</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 ▼ 298.20		

<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: (check only one)	PAGE 232 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. WILLIAM A VAINISI</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 636 BALMORAL LANE		<b>Transaction ID: A2007-1171367</b>
City INVERNESS	State IL	Zip Code 60067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 51.51
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 ▼ 716.66	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM A VAINISI</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 636 BALMORAL LANE		<b>Transaction ID: A2007-1170926</b>
City INVERNESS	State IL	Zip Code 60067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 51.51
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 ▼ 768.17	

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 07 / 06 / 2007
Mailing Address 1300 LONGVALLEY RD.		<b>Transaction ID: A2007-1171307</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 18.76
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 ▼ 259.04	

<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 233 / 280
	<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)  
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 ▼ 277.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170866

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 ▼ 234.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171417

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 ▼ 255.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170976

Amount of Each Receipt this Period  
21.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	56.49
<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 234 / 280
	(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. KIMBERLY VAN NOSTERN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 660 PRESTWICK LANE #205		<b>Transaction ID: A2007-1171550</b>	
City State Zip Code WHEELING IL 60090	Amount of Each Receipt this Period 24.78		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allstate Insurance Company	Occupation AVP Information Security		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.66		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM P VANDERBORG</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 561 W CROOKED STICK CT		<b>Transaction ID: A2007-1171303</b>	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 32.70		
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 ▼ 457.80		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM P VANDERBORG</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 561 W CROOKED STICK CT		<b>Transaction ID: A2007-1170862</b>	
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 32.70		
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 ▼ 490.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.18
<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 235 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. PATRICIA C VANLAMMEREN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 9868 PALACE GREEN WAY		<b>Transaction ID: A2007-1171520</b>	
City State Zip Code VIENNA VA 22181	Amount of Each Receipt this Period 53.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 739.97		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA C VANLAMMEREN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 9868 PALACE GREEN WAY		<b>Transaction ID: A2007-1171081</b>	
City State Zip Code VIENNA VA 22181	Amount of Each Receipt this Period 53.89		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 793.86		

Full Name (Last, First, Middle Initial) <b>C. BILL VASILOGAMBROS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1309 S. PINE AVE		<b>Transaction ID: A2007-1171439</b>	
City State Zip Code ARLINGTON HTS. IL 60005	Amount of Each Receipt this Period 16.60		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	124.38
<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 236 / 280
	(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. BILL VASIOGAMBROS</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1309 S. PINE AVE		<b>Transaction ID: A2007-1170998</b>
City State Zip Code ARLINGTON HTS. IL 60005	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 16.60
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 ▼ 245.40	

Full Name (Last, First, Middle Initial) <b>B. RICHARD VAVRA</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 2514 S WESLEY AVENUE		<b>Transaction ID: A2007-1171296</b>
City State Zip Code BERWYN IL 60402	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 38.64
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 ▼ 535.36	

Full Name (Last, First, Middle Initial) <b>C. RICHARD VAVRA</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 2514 S WESLEY AVENUE		<b>Transaction ID: A2007-1170854</b>
City State Zip Code BERWYN IL 60402	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 38.64
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 ▼ 574.00	

<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: (check only one)	PAGE 237 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. MICHAEL J VELOTTA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1111 LOYOLA DR		<b>Transaction ID: A2007-1171484</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 77.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Sec & Gene		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1058.82		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J VELOTTA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1111 LOYOLA DR		<b>Transaction ID: A2007-1171044</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 77.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Sec & Gene		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1135.86		

Full Name (Last, First, Middle Initial) <b>C. STEVEN C VERNEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 37144 FOX HILL DR		<b>Transaction ID: A2007-1171179</b>	
City State Zip Code WADSWORTH IL 60083	Amount of Each Receipt this Period 67.42		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President & Treasure		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	221.50
<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 238 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. STEVEN C VERNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 37144 FOX HILL DR		<b>Transaction ID: A2007-1170736</b>	
City <b>WADSWORTH</b>	State IL	Zip Code 60083	Amount of Each Receipt this Period 67.42
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President & Treasure		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 993.17		

Full Name (Last, First, Middle Initial) <b>B. JOAN H WALKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 850 N. Riverwoods Road		<b>Transaction ID: A2007-1171567</b>	
City <b>Lake Forest</b>	State IL	Zip Code 60045	Amount of Each Receipt this Period 46.99
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Corp. Rel.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.82		

Full Name (Last, First, Middle Initial) <b>C. JOAN H WALKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 850 N. Riverwoods Road		<b>Transaction ID: A2007-1171127</b>	
City <b>Lake Forest</b>	State IL	Zip Code 60045	Amount of Each Receipt this Period 46.99
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Vice President Corp. Rel.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 678.81		

<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 239 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 398.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171270

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 ▼ 426.45

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170827

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 ▼ 723.55

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171250

Amount of Each Receipt this Period  
63.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.32
<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 240 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. ANTON WANDERON</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 112 BRISTOL PLACE		<b>Transaction ID: A2007-1170807</b>
City State Zip Code PONTE VEDRA FL 32082	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 63.46
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 ▼ 787.01	

Full Name (Last, First, Middle Initial) <b>B. THOMAS M WARDEN</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 146 LA GRANDE		<b>Transaction ID: A2007-1171263</b>
City State Zip Code MOSS BEACH CA 94038	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 31.92
Name of Employer Allstate Insurance Company	Occupation AVP Research Center	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.27	

Full Name (Last, First, Middle Initial) <b>C. THOMAS M WARDEN</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 146 LA GRANDE		<b>Transaction ID: A2007-1170820</b>
City State Zip Code MOSS BEACH CA 94038	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 31.92
Name of Employer Allstate Insurance Company	Occupation AVP Research Center	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.19	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>127.30</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 241 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. EDWIN L WASINGER JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 6245 MURIFIELD DRIVE		<b>Transaction ID: A2007-1171436</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 ▼ 481.08		

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 07 / 20 / 2007	
Mailing Address 6245 MURIFIELD DRIVE		<b>Transaction ID: A2007-1170995</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 ▼ 516.15		

Full Name (Last, First, Middle Initial) <b>C. JOHN A WATSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 10227 Thurston Groves Blvd.		<b>Transaction ID: A2007-1171533</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 ▼ 220.40		

<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:	PAGE 242 / 280						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

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

Mailing Address 10227 Thurston Groves Blvd.

City	State	Zip Code
Seminole	FL	33778

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

Name of Employer Allstate Insurance Company	Occupation Controller
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.35

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	7

Transaction ID: A2007-1171094

Amount of Each Receipt this Period  
15.95

**B.** Full Name (Last, First, Middle Initial)  
DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City	State	Zip Code
GLENVIEW	IL	60026

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

Name of Employer Allstate Insurance Company	Occupation Vice President Operations
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.83

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	7

Transaction ID: A2007-1171285

Amount of Each Receipt this Period  
55.54

**C.** Full Name (Last, First, Middle Initial)  
DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City	State	Zip Code
GLENVIEW	IL	60026

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

Name of Employer Allstate Insurance Company	Occupation Vice President Operations
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
816.37

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	7

Transaction ID: A2007-1170842

Amount of Each Receipt this Period  
55.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	127.03
<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 243 / 280
	(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. JONATHAN J WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 5394 W RIVER BEND DRIVE		<b>Transaction ID: A2007-1171509</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 31.26
Name of Employer Allstate Insurance Company	Occupation Bank Cash Management Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.49	

Full Name (Last, First, Middle Initial) <b>B. JONATHAN J WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 5394 W RIVER BEND DRIVE		<b>Transaction ID: A2007-1171069</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 31.26
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 ▼ 464.75	

Full Name (Last, First, Middle Initial) <b>C. ROBERT J WHITE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 909 STILLWATER COURT		<b>Transaction ID: A2007-1171198</b>
City WESTON	State FL	Zip Code 33327
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 Territorial Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 491.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.22
<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 244 / 280
	<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 J WHITE

Mailing Address 909 STILLWATER COURT

City WESTON State FL Zip Code 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 ▼ 524.29

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 20 / 2007

Transaction ID: A2007-1170755

Amount of Each Receipt this Period  
 32.70

**B.** Full Name (Last, First, Middle Initial)  
SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City LEESBURG State VA Zip Code 20176

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 ▼ 422.67

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2007

Transaction ID: A2007-1171498

Amount of Each Receipt this Period  
 30.53

**C.** Full Name (Last, First, Middle Initial)  
SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City LEESBURG State VA Zip Code 20176

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 ▼ 453.20

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 20 / 2007

Transaction ID: A2007-1171058

Amount of Each Receipt this Period  
 30.53

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.76
<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: (check only one)	PAGE 245 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. CYNTHIA A WHITFIELD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 135 CAMBRIDGE DR.		<b>Transaction ID: A2007-1171184</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 ▼ 242.06	

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA A WHITFIELD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 135 CAMBRIDGE DR.		<b>Transaction ID: A2007-1170741</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 ▼ 259.58	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA R WHITLEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 6722 NEW HAMPSHIRE TRAIL		<b>Transaction ID: A2007-1171239</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 ▼ 517.31	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	72.63
<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: (check only one)	PAGE 246 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. CYNTHIA R WHITLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 6722 NEW HAMPSHIRE TRAIL		<b>Transaction ID: A2007-1170796</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 ▼ 554.90	

Full Name (Last, First, Middle Initial) <b>B. ROB WHOLF</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 847 INTERLAKEN DRIVE		<b>Transaction ID: A2007-1171277</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 ▼ 305.06	

Full Name (Last, First, Middle Initial) <b>C. ROB WHOLF</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 847 INTERLAKEN DRIVE		<b>Transaction ID: A2007-1170834</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 ▼ 326.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.17
<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 247 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JOHN K WILCOX</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1120 JESSICA LANE		<b>Transaction ID: A2007-1171318</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Product Operations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 439.65		

Full Name (Last, First, Middle Initial) <b>B. JOHN K WILCOX</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1120 JESSICA LANE		<b>Transaction ID: A2007-1170875</b>	
City State Zip Code LIBERTYVILLE IL 60048	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Product Operations Direct		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.65		

Full Name (Last, First, Middle Initial) <b>C. ANISE D WILEY-LITTLE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 21030 W YORKSHIRE DR		<b>Transaction ID: A2007-1171527</b>	
City State Zip Code KILDEER IL 60047	Amount of Each Receipt this Period 40.87		
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 ▼ 560.70		

<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 248 / 280
	(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)  
ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code  
KILDEER IL 60047

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 ▼ 601.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1171088

Amount of Each Receipt this Period  
40.87

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code  
CLARKSVILLE MD 21029

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 ▼ 535.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: A2007-1171350

Amount of Each Receipt this Period  
38.77

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code  
CLARKSVILLE MD 21029

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 ▼ 574.45

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2007

Transaction ID: A2007-1170909

Amount of Each Receipt this Period  
38.77

<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 249 / 280
	(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. THOMAS J WILSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 2024 N. MOHAWK		<b>Transaction ID: A2007-1171454</b>	
City <b>CHICAGO</b>	State IL	Zip Code 60614	Amount of Each Receipt this Period 221.54
FEC ID number of contributing federal political committee. C			
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 ▼ 3087.14		

Full Name (Last, First, Middle Initial) <b>B. THOMAS J WILSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 2024 N. MOHAWK		<b>Transaction ID: A2007-1171014</b>	
City <b>CHICAGO</b>	State IL	Zip Code 60614	Amount of Each Receipt this Period 221.54
FEC ID number of contributing federal political committee. C			
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 ▼ 3308.68		

Full Name (Last, First, Middle Initial) <b>C. KURT L WINTER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1403 N. WALNUT		<b>Transaction ID: A2007-1171566</b>	
City <b>ARLINGTON HGHTS</b>	State IL	Zip Code 60004	Amount of Each Receipt this Period 16.01
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	459.09
<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 250 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. KURT L WINTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1403 N. WALNUT		<b>Transaction ID: A2007-1171126</b>	
City State Zip Code ARLINGTON HGHTS IL 60004	Amount of Each Receipt this Period 16.01		
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 ▼ 236.00		

Full Name (Last, First, Middle Initial) <b>B. BRUCE A WOIKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 1318 N. CHESTNUT AVE.		<b>Transaction ID: A2007-1171427</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 ▼ 304.17		

Full Name (Last, First, Middle Initial) <b>C. BRUCE A WOIKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1318 N. CHESTNUT AVE.		<b>Transaction ID: A2007-1170986</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 ▼ 324.05		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.77
<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 251 / 280
	<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. MATTHEW WOJTASZEK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 7 WELLESLEY COURT		<b>Transaction ID: A2007-1171182</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. C			
Name of Employer Allstate Insurance Company		Occupation Senior Field Operations M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.68	

Full Name (Last, First, Middle Initial) <b>B. MATTHEW WOJTASZEK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 7 WELLESLEY COURT		<b>Transaction ID: A2007-1170739</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. C			
Name of Employer Allstate Insurance Company		Occupation Senior Field Operations M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 456.30	

Full Name (Last, First, Middle Initial) <b>C. RHONDA WOODARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 2341 MARCY AVENUE		<b>Transaction ID: A2007-1171518</b>	
City State Zip Code EVANSTON IL 60201		Amount of Each Receipt this Period 35.24	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company		Occupation VP-PRODUCT DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 486.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	96.48
<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 252 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. RHONDA WOODARD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 2341 MARCY AVENUE		<b>Transaction ID: A2007-1171079</b>
City State Zip Code EVANSTON IL 60201	Amount of Each Receipt this Period 35.24	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP-PRODUCT DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.39	

Full Name (Last, First, Middle Initial) <b>B. DAVID E WOOLWINE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 1608 W. ROSEHILL DR		<b>Transaction ID: A2007-1171227</b>
City State Zip Code CHICAGO IL 60660	Amount of Each Receipt this Period 14.75	
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 ▼ 202.65	

Full Name (Last, First, Middle Initial) <b>C. DAVID E WOOLWINE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 1608 W. ROSEHILL DR		<b>Transaction ID: A2007-1170784</b>
City State Zip Code CHICAGO IL 60660	Amount of Each Receipt this Period 14.75	
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 ▼ 217.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	64.74
<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 253 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. DONALD F WYATT JR</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 811 DRESSER DR.		<b>Transaction ID: A2007-1171323</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 ▼ 478.96		

Full Name (Last, First, Middle Initial) <b>B. DONALD F WYATT JR</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 811 DRESSER DR.		<b>Transaction ID: A2007-1170880</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 ▼ 513.65		

Full Name (Last, First, Middle Initial) <b>C. FLOYD M YAGER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1610 BIRCH LANE		<b>Transaction ID: A2007-1171390</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 ▼ 646.17		

<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 254 / 280
	(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. FLOYD M YAGER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 1610 BIRCH LANE		<b>Transaction ID: A2007-1170949</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 ▼ 693.23	

Full Name (Last, First, Middle Initial) <b>B. LORI J YELVINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address 1531 N HIGHLAND AVE		<b>Transaction ID: A2007-1171398</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 ▼ 693.00	

Full Name (Last, First, Middle Initial) <b>C. LORI J YELVINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 1531 N HIGHLAND AVE		<b>Transaction ID: A2007-1170957</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 ▼ 743.44	

<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:	PAGE 255 / 280
	(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. RICHARD P YOCIUS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 40135 N GOLDENROD		<b>Transaction ID: A2007-1171325</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 ▼ 556.73		

Full Name (Last, First, Middle Initial) <b>B. RICHARD P YOCIUS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 40135 N GOLDENROD		<b>Transaction ID: A2007-1170882</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 ▼ 596.50		

Full Name (Last, First, Middle Initial) <b>C. JAMES E YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1212 N. WELLS ST. APT. 1504		<b>Transaction ID: A2007-1171223</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 ▼ 245.62		

<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 256 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. JAMES E YOUNG</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1212 N. WELLS ST. APT. 1504		<b>Transaction ID: A2007-1170780</b>
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60610</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.93
Name of Employer Allstate Insurance Company	Occupation <b>CC IT Senior Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.55	

Full Name (Last, First, Middle Initial) <b>B. PHILLIP C YOUNG</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 2181 APPLE HILL LANE		<b>Transaction ID: A2007-1171355</b>
City <b>BUFFALO GROVE</b>	State <b>IL</b>	Zip Code <b>60089</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.08
Name of Employer Allstate Insurance Company	Occupation <b>Director of Flight Operat</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.67	

Full Name (Last, First, Middle Initial) <b>C. PHILLIP C YOUNG</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2007
Mailing Address 2181 APPLE HILL LANE		<b>Transaction ID: A2007-1170914</b>
City <b>BUFFALO GROVE</b>	State <b>IL</b>	Zip Code <b>60089</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.08
Name of Employer Allstate Insurance Company	Occupation <b>Director of Flight Operat</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>54.09</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: (check only one)	PAGE 257 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. RICHARD M ZAHARIAS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1439 STEVENSON DRIVE		<b>Transaction ID: A2007-1171468</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 ▼ 893.41		

Full Name (Last, First, Middle Initial) <b>B. RICHARD M ZAHARIAS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 1439 STEVENSON DRIVE		<b>Transaction ID: A2007-1171028</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 ▼ 958.17		

Full Name (Last, First, Middle Initial) <b>C. ROBERT F ZEMBRASKI JR</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 1113 W WRIGHTWOOD # 1E		<b>Transaction ID: A2007-1171141</b>	
City State Zip Code CHICAGO IL 60614	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-M2600		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	144.98
<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 258 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. ROBERT F ZEMBRASKI JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 1113 W WRIGHTWOOD # 1E		<b>Transaction ID: A2007-1170698</b>	
City State Zip Code CHICAGO IL 60614	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-M2600		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.30		

Full Name (Last, First, Middle Initial) <b>B. PAUL K ZIGTERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007	
Mailing Address 236 SOUTH RIVERSIDE DRIVE		<b>Transaction ID: A2007-1171442</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 ▼ 261.83		

Full Name (Last, First, Middle Initial) <b>C. PAUL K ZIGTERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007	
Mailing Address 236 SOUTH RIVERSIDE DRIVE		<b>Transaction ID: A2007-1171001</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 ▼ 280.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.40
<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 259 / 280
	(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. JESSE W ZIMMERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 333 WEST HUBBARD STREET #623		Transaction ID: A2007-1170702
City CHICAGO	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.60
Name of Employer Allstate Insurance Company	Occupation Product Operations Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.75	

Full Name (Last, First, Middle Initial) <b>B. GERALD L ZIMMERMAN JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2584 Sutton Lane		Transaction ID: A2007-1171459
City AURORA	State IL	Zip Code 60502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.95
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 ▼ 496.05	

Full Name (Last, First, Middle Initial) <b>C. GERALD L ZIMMERMAN JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 2584 Sutton Lane		Transaction ID: A2007-1171019
City AURORA	State IL	Zip Code 60502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.95
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 ▼ 532.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.50
<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 260 / 280
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. CARLA D ZUNIGA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 2189 N. BEAVER CREEK DRIVE		<b>Transaction ID: A2007-1171523</b>
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 19.87	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.43	

Full Name (Last, First, Middle Initial) <b>B. CARLA D ZUNIGA</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 2189 N. BEAVER CREEK DRIVE		<b>Transaction ID: A2007-1171084</b>
City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 19.87	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Field Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.30	

Full Name (Last, First, Middle Initial) <b>C. J K ZUZICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2007
Mailing Address 1125 ACORN TRAIL		<b>Transaction ID: A2007-1171515</b>
City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 35.13	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation AVP HR People Planning &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.87
<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 261 / 280	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer  
Allstate Insurance Company

Occupation  
AVP HR People Planning &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
517.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	7

Transaction ID: A2007-1171075

Amount of Each Receipt this Period  
35.13

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	26732.01

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 262 / 280	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Dutra for Senate

Mailing Address 921 11th Street Suite 904

City	State	Zip Code
Sacramento	CA	95814

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.30

Date of Receipt  

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

Transaction ID: A6180

Amount of Each Receipt this Period  
583.30

Pro-rated refund (per CA law) of contribution originally made on 9/2/04

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	583.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	583.30

**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 263 / 280

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: IL District:

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

Not Applicable

Transaction ID: B181772

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

77.89

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

77.89

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

77.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Mahoney for Florida</b>		<b>Transaction ID: B180268</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007
Mailing Address 233 Massachusetts Ave. NE 2nd Flr.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 16 FL		
Candidate Name Tim Mahoney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID: B180269</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007
Mailing Address 233 Massachusetts Ave. NE 2nd Flr.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 08 IL		
Candidate Name Melissa Bean		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL 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>C. Friends of Dick Durbin</b>		<b>Transaction ID: B180309</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2007
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 1000.00
City Falls Church State VA Zip Code 22046	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate IL		
Candidate Name Richard J Durbin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	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

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. Kirk for Congress</b>		<b>Transaction ID: B180311</b> Date of Disbursement 07 / 10 / 2007
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka	State IL	
Zip Code 60093		
Purpose of Disbursement P-2008 U.S. House 10 IL		
Candidate Name Mark S Kirk		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 10		

Full Name (Last, First, Middle Initial) <b>B. Jim Ramstad Volunteer Committee</b>		<b>Transaction ID: B180312</b> Date of Disbursement 07 / 10 / 2007
Mailing Address 1809 Plymouth Road South #310B		Amount of Each Disbursement this Period 1000.00
City Minnetonka	State MN	
Zip Code 55305		
Purpose of Disbursement P-2008 U.S. House 03 MN		
Candidate Name Jim Ramstad		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 03		

Full Name (Last, First, Middle Initial) <b>C. Jerry Weller for Congress</b>		<b>Transaction ID: B180313</b> Date of Disbursement 07 / 10 / 2007
Mailing Address 1155 21st St. NW #330		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20036		
Purpose of Disbursement P-2008 U.S. House 11 IL		
Candidate Name Gerald C Weller		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 11		

<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)

PAGE 266 / 280

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial) <b>A. Knollenberg for Congress</b>		Transaction ID: B180864 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2007
Mailing Address 2501 Wisconsin Ave. NW Suite 304		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 09 MI		
Candidate Name Joe Knollenberg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	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. Barrett for Congress</b>		Transaction ID: B180865 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2007
Mailing Address PO Box 869		Amount of Each Disbursement this Period 1000.00
City Westminster State SC Zip Code 29693	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 03 SC		
Candidate Name James Barrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC 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>C. Melissa Bean for Congress</b>		Transaction ID: B181152 Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address 233 Massachusetts Ave. NE 2nd Flr.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 08 IL		
Candidate Name Melissa Bean		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	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)

PAGE 267 / 280

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Pryce for Congress

Mailing Address 145 E Rich Street

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
G-2006 U.S. House 15 OH

Candidate Name  
Deborah Pryce

Office Sought:  House  
 Senate  
 President

State: OH District: 15

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B142906

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Check Voided. Originally reported on 2006 July Monthly.

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

-1000.00

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

8000.00

**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 268 / 280

<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

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. Audra Strickland for Asmbly '08 ID#1293748</b>		<b>Transaction ID: B180104</b>	
Mailing Address PO Box 1141		Date of Disbursement 07 / 03 / 2007	
City Thousand Oaks	State CA	Zip Code 91358	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement P-2008 State House 37 CA		011 Category/ Type	
Candidate Name Audra Strickland			
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: 37		

Full Name (Last, First, Middle Initial) <b>B. Friends of Rick Keene ID# 1292551</b>		<b>Transaction ID: B180106</b>	
Mailing Address P.O. Box 984		Date of Disbursement 07 / 03 / 2007	
City Willows	State CA	Zip Code 95988	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement P-2010 State Senate 4 CA		011 Category/ Type	
Candidate Name Rick Keene			
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: 4		

Full Name (Last, First, Middle Initial) <b>C. Ted Gaines for Assembly 2008 ID#1293157</b>		<b>Transaction ID: B180107</b>	
Mailing Address P.O. Box 471		Date of Disbursement 07 / 03 / 2007	
City Sacramento	State CA	Zip Code 95812	Amount of Each Disbursement this Period 300.00
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1800.00</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)

<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

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. Charles Calderon for Asmbly '08 #1292792</b>		<b>Transaction ID: B180108</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 4465 G Street		Amount of Each Disbursement this Period 500.00
City Sacramento State CA Zip Code 95819	011 Category/ Type	
Purpose of Disbursement P-2008 State House 58 CA		
Candidate Name Charles M Calderon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 58	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. Hollingsworth for Asmbly 2000 ID# 990594</b>		<b>Transaction ID: B180267</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 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 O-2000 State House 66 CA		
Candidate Name Dennis Hollingsworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 66	Disbursement For: 2000 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Ret General	

Full Name (Last, First, Middle Initial) <b>C. Charles Bannister Campaign Cmte.</b>		<b>Transaction ID: B180350</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7
Mailing Address PO Box 465957		Amount of Each Disbursement this Period 2000.00
City Lawrenceville State GA Zip Code 30042	011 Category/ Type	
Purpose of Disbursement P-2008 Co. Chairman Gwinnett Cnty. GA		
Candidate Name Charles Bannister		
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) ▼	

<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)

PAGE 270 / 280

<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

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

NAME OF COMMITTEE (In Full)  
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A.** Taxpayers for Ackerman ID# 1282840

Mailing Address 1201 K Street Suite 1820

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2010 State Brd. Of Equalization 3 CA

Candidate Name  
Dick C Ackerman

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 3

Transaction ID: B180358

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Charles Calderon for Asmbly '08 ID 1292792

Mailing Address 1201 K Street Suite 1280

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2008 State House 58 CA

Candidate Name  
Charles M Calderon

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 58

Transaction ID: B180373

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Kevin de Leon for Asmbly 2008 ID 1294142

Mailing Address 1201 K Street Suite 1280

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2008 State House 45 CA

Candidate Name  
Kevin de Leon

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 45

Transaction ID: B180374

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Parra for Senate 2010 ID# 1293213</b>		<b>Transaction ID: B180375</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2007
Mailing Address 1201 K Street Suite 1280		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	011 Category/ Type	
Purpose of Disbursement P-2010 State Senate 16 CA		
Candidate Name Nicole Parra		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16	Disbursement For: 2010 <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: B180376</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2007
Mailing Address 1201 K Street Suite 1280		Amount of Each Disbursement this Period 500.00
City Sacramento State CA Zip Code 95814	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. Dymally for State Senate ID#1277294</b>		<b>Transaction ID: B180558</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2007
Mailing Address Box 9931		Amount of Each Disbursement this Period 1000.00
City San Diego State CA Zip Code 92169	011 Category/ Type	
Purpose of Disbursement P-2008 State Senate 25 CA		
Candidate Name Mervyn Dymally		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	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) ..... ▶	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)

PAGE 272 / 280

<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

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. Lieber for Senate 2012</b>		<b>Transaction ID: B180565</b> Date of Disbursement 07 / 16 / 2007
Mailing Address 2005 N. St.		Amount of Each Disbursement this Period 1000.00
City Sacramento	State CA	
Zip Code 95814		
Purpose of Disbursement P-2012 State Senate 13 CA		
Candidate Name Sally J Lieber		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 13		

Full Name (Last, First, Middle Initial) <b>B. Citizens for Sullivan</b>		<b>Transaction ID: B180569</b> Date of Disbursement 07 / 16 / 2007
Mailing Address 209 North Lincoln Ave.		Amount of Each Disbursement this Period 1000.00
City Mundelein	State IL	
Zip Code 60060		
Purpose of Disbursement G-2008 State House 51 IL		
Candidate Name Ed Sullivan		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 51		

Full Name (Last, First, Middle Initial) <b>C. Citizens for Sara Feigenholtz</b>		<b>Transaction ID: B180570</b> Date of Disbursement 07 / 16 / 2007
Mailing Address 3213 N. Wilton Ave.		Amount of Each Disbursement this Period 500.00
City Chicago	State IL	
Zip Code 60657		
Purpose of Disbursement G-2008 State House 12 IL		
Candidate Name Sara Feigenholtz		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 12		

<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)

PAGE 273 / 280

<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

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. Friends of Luis Arroyo</b>		<b>Transaction ID: B180571</b>	
Mailing Address PO Box 47354		Date of Disbursement 07 / 16 / 2007	
City Chicago	State IL	Zip Code 60647	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement G-2008 State House 3 IL		011 Category/ Type	
Candidate Name Luis Arroyo			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 3		

Full Name (Last, First, Middle Initial) <b>B. Friends of Don White</b>		<b>Transaction ID: B180600</b>	
Mailing Address 638 School Road		Date of Disbursement 07 / 16 / 2007	
City Indiana	State PA	Zip Code 15701	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement G-2008 State Senate 41 PA		011 Category/ Type	
Candidate Name Donald C White			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 41		

Full Name (Last, First, Middle Initial) <b>C. Friends of John J. Benoit ID# 1293454</b>		<b>Transaction ID: B181241</b>	
Mailing Address 1127 11th Street Suite 310		Date of Disbursement 07 / 25 / 2007	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1000.00
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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 274 / 280

<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

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. LA Senate Democratic Campaign Cmte.</b>		<b>Transaction ID: B181153</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address PO Box 4385		Amount of Each Disbursement this Period 1000.00
City Baton Rouge State LA Zip Code 70821	011 Category/ Type	
Purpose of Disbursement O-2007 State Party Cmte LA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA 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>B. Rep. Charles Kleckley Campaign Fund</b>		<b>Transaction ID: B181154</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 130 Jamestown Road		Amount of Each Disbursement this Period 500.00
City Lake Charles State LA Zip Code 70605	011 Category/ Type	
Purpose of Disbursement P-2007 State House 36 LA		
Candidate Name Charles (Chuck) Kleckley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 36	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rep. Dale Erdey Campaign Fund</b>		<b>Transaction ID: B181155</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 908		Amount of Each Disbursement this Period 500.00
City Livingston State LA Zip Code 70754	011 Category/ Type	
Purpose of Disbursement P-2007 State House 71 LA		
Candidate Name Dale Erdey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 71	Disbursement For: 2007 <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)

PAGE 275 / 280

<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

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. Danny Martiny Campaign Fund</b>		<b>Transaction ID: B181180</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 131 Airline Drive Ste. 201		Amount of Each Disbursement this Period 500.00
City Metairie State LA Zip Code 70001	011 Category/ Type	
Purpose of Disbursement P-2007 State Senate 10 LA		
Candidate Name Danny R Martiny		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 10	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sen. Donald R. Cravins Jr. Camp. Fund</b>		<b>Transaction ID: B181184</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 707 N. Main Street		Amount of Each Disbursement this Period 500.00
City Opelousas State LA Zip Code 70570	011 Category/ Type	
Purpose of Disbursement P-2007 State Senate 24 LA		
Candidate Name Donald R. (Don) Cravins		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 24	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LA House Democratic Campaign Committee</b>		<b>Transaction ID: B181185</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 4385		Amount of Each Disbursement this Period 1000.00
City Baton Rouge State LA Zip Code 70821	011 Category/ Type	
Purpose of Disbursement O-2007 State Party Cmte LA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA 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) ..... ▶	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)

PAGE 276 / 280

<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

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. Louisiana Rep. Legislative Delegation</b>		<b>Transaction ID: B181187</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address P.O. Box 44422		Amount of Each Disbursement this Period 1000.00
City Baton Rouge State LA Zip Code 70804	Purpose of Disbursement O-2007 State Party Cmte LA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Gil Pinac Campaign Fund</b>		<b>Transaction ID: B181188</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address P.O. Box 495		Amount of Each Disbursement this Period 500.00
City Crowley State LA Zip Code 70527	Purpose of Disbursement P-2007 State Senate 25 LA Candidate Name Gil J Pinac Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 25 Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Rep. Hollis Downs Camp. Fund</b>		<b>Transaction ID: B181189</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address 207 West Mississippi St. Ste. 300		Amount of Each Disbursement this Period 250.00
City Ruston State LA Zip Code 71270	Purpose of Disbursement P-2007 State House 12 LA Candidate Name Hollis Downs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 12 Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<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 277 / 280

<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

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. Rep. Hunter Greene Campaign Fund</b>		<b>Transaction ID: B181190</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address 11281 Old Hammond Hwy. Bldg. C-1		Amount of Each Disbursement this Period 250.00
City Baton Rouge State LA Zip Code 70816	011 Category/ Type	
Purpose of Disbursement P-2007 State House 66 LA		
Candidate Name Hunter Greene		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 66	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rep. Jane H. Smith Campaign Fund</b>		<b>Transaction ID: B181191</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address P.O. Box 72624		Amount of Each Disbursement this Period 250.00
City Bossier City State LA Zip Code 71172	011 Category/ Type	
Purpose of Disbursement P-2007 State House 08 LA		
Candidate Name Jane H Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 08	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rep. Jim Tucker Campaign Fund</b>		<b>Transaction ID: B181192</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address 735 Behrman Highway Suite C-2		Amount of Each Disbursement this Period 1000.00
City Terrytown State LA Zip Code 70056	011 Category/ Type	
Purpose of Disbursement P-2007 State House 86 LA		
Candidate Name Jim Tucker		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 86	Disbursement For: 2007 <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) ..... ▶	_____

**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 278 / 280

<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

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. Cmte to Elect Joel C. Robideaux</b>		<b>Transaction ID: B181193</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 102 Woodvale Suite B		Amount of Each Disbursement this Period 250.00
City Lafayette State LA Zip Code 70503	011 Category/ Type	
Purpose of Disbursement P-2007 State House 45 LA		
Candidate Name Joel C Robideaux		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 45	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rep. John Alario Jr. Camp. Fund</b>		<b>Transaction ID: B181194</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 1063 Muller Parkway		Amount of Each Disbursement this Period 500.00
City Westwego State LA Zip Code 70094	011 Category/ Type	
Purpose of Disbursement P-2007 State Senate 08 LA		
Candidate Name John Alario		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 08	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rep. Karen Carter Campaign Fund</b>		<b>Transaction ID: B181195</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 1215 Prytania St. Suite 364		Amount of Each Disbursement this Period 500.00
City New Orleans State LA Zip Code 70130	011 Category/ Type	
Purpose of Disbursement P-2007 State House 93 LA		
Candidate Name Karen Carter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 93	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<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 279 / 280

<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

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. Rep. Kay Katz Campaign Fund</b>		<b>Transaction ID:</b> B181196 Date of Disbursement 07 / 25 / 2007
Mailing Address 207-C Louisville Ave.		Amount of Each Disbursement this Period 250.00
City Monroe State LA Zip Code 71201	011 Category/ Type	
Purpose of Disbursement P-2007 State House 16 LA		
Candidate Name Kay Kellogg Katz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 16	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. W. Edwin McMahan Campaign Cmte.</b>		<b>Transaction ID:</b> B153924 Date of Disbursement 07 / 27 / 2007
Mailing Address 5815 Westpark Drive		Amount of Each Disbursement this Period -250.00
City Charlotte State NC Zip Code 28217	011 Category/ Type	
Purpose of Disbursement G-2006 State House 104 NC		
Candidate Name Edwin (Ed) McMahan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Check Voided. Previously reported on 2006 Post-General.

Full Name (Last, First, Middle Initial) <b>C. George Dale Re-Election Campaign</b>		<b>Transaction ID:</b> B181443 Date of Disbursement 07 / 30 / 2007
Mailing Address P.O. Box 2618		Amount of Each Disbursement this Period 3500.00
City Jackson State MS Zip Code 39215	011 Category/ Type	
Purpose of Disbursement P-2007 State Insur. Comm. MS		
Candidate Name George Dale		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	27800.00

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.